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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002275 (3)**

1. Corporation Name

SOUTH FLORIDA YOUTH DEVELOPMENT TENNIS PROGRAM, INC.



Principal Place of Business

Mailing Address

**505 FOSTER ROAD
HALLANDALE FL 33009**

**505 FOSTER ROAD
HALLANDALE FL 33009-3234**

3. Date Incorporated or Qualified
04/26/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 9441 SW 20 ST

26 9441 SW 20 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Miramar, FL

28 Miramar, FL

Zip

Country

Zip

Country

24 33025

25 Broward

29 33025

30 Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SANDS, CHRISTOPHER L
505 FOSTER ROAD
HALLANDALE FL 33009**

81 Name Christopher L. Sands

82 Street Address (P.O. Box Number is Not Acceptable)

9441 SW 20 ST

83

84 City Miramar

FL

85 Zip Code 33025

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Christopher L. Sands President**

1/15/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **SANDS, CHRISTOPHER L**
STREET ADDRESS **9441 SW 20 STREET**
CITY-ST-ZIP **MIRAMAR FL 33025**

1.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **MCCOY, LEOLA R**
STREET ADDRESS **1750 NW 24 TERR**
CITY-ST-ZIP **FT LAUDERDALE FL 33311**

2.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **LONDON, WILLIE**
STREET ADDRESS **2501 NW 24 TERR**
CITY-ST-ZIP **FT LAUDERDALE FL 33311**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Christopher L. Sands President 1/15/97 1-954-435-8476**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0022711

CR2E037 (9/96)