

5-15-98 B 7502 - C
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May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002749 (7)**

1. Corporation Name

FIRST COAST TENNIS FOUNDATION, INC.

Principal Place of Business

**P.O. BOX 1264
PONTE VEDRA BEACH FL 32082**

Mailing Address

**P.O. BOX 1264
PONTE VEDRA BEACH FL 32082**

3. Date Incorporated or Qualified

05/16/1996

4. FEI Number

59-3398351

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

**REHM, CELIA
2882 PLUMMERS COVE ROAD
JACKSONVILLE FL 32223**

10. Name and Address of New Registered Agent

81 Name **B. MINCEK**

82 Street Address (P.O. Box Number is Not Acceptable)
9540 SAN JOSE BLVD.

83

84 City **JACKSONVILLE** **FL** **85** Zip Code **32257**

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 to 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

[Signature] **B. MINCEK**

3/10/98

DATE

12. OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **MINCEK, ADRAVVO**
STREET ADDRESS **9540 SAN JOSE BLVD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VPD** ☐ DELETE
NAME **GOTTFRIED, BRIAN**
STREET ADDRESS **200 ATP TOUR BLVD**
CITY-ST-ZIP **PONTE VEDRA BCH FL**

TITLE **SD** ☒ DELETE
NAME **REHM, CELIA**
STREET ADDRESS **2882 PLUMMERS COVE RD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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:

[Signature] **B. MINCEK**
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/98

Date

804-448-2991

Daytime Phone # 0000083

CR2E037 (10/97)