2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# N96000002749

Entity Name: FIRST COAST TENNIS FOUNDATION, INC.

Current Principal Place of Business:

3501-B NORTH PONCE DE LEON BLVD.
SUITE 324
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

3501-B NORTH PONCE DE LEON BLVD.
SUITE 324
ST. AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 59-3398351 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANTIONE, DIANE M ED
1388 BARRINGTON CIRCLE
ST. AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

TINGSOMBUTYOUT, THAWADCHAI ED
1840-C GREEN SPRINGS CIRCLE
ORANGE PARK, FL 32003 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: THAWADCHAI TINGSOMBUTYOUT 04/23/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PHILLIPS, RUSSELL
Address: 717 MAIN STREET
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: VPD ( ) Delete
Name: DORE, PHILIPPE
Address: 201 ATP BLVD.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: TD ( ) Delete
Name: GRANT, KEVIN
Address: 2149 FOREST HOLLOW WAY
City-St-Zip: JACKSONVILLE, FL 32259

Title: ED ( ) Delete
Name: MANTIONE, DIANE M
Address: 1388 BARRINGTON CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: SEC ( ) Delete
Name: SHANKS, NATHAN
Address: 7529 SAN JOSE BLVD.
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: CALLOWAY, JESSICA
Address: 704 TORIA LANE
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: ED (X) Change ( ) Addition
Name: TINGSOMBUTYOUT, THAWADCHAI
Address: 1840-C GREEN SPRINGS CIRCLE
City-St-Zip: ORANGE PARK, FL 32003

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THAWADCHAI TINGSOMBUTYOUT MR 04/23/2008
Electronic Signature of Signing Officer or Director Date