

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
2000



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90191 003 \*\*\*\*61.25

DOCUMENT # **N96000005895**

Corporation Name

**GREATER PENSACOLA LADIES TENNIS LEAGUE, INC.**

Principal Place of Business

**4601 PIEDMONT ROAD  
PENSACOLA FL 32503**

Mailing Address

**POST OFFICE BOX 30435  
PENSACOLA FL 32503-1435**

00032198



Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
		26		11/14/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
		27		59-3441766	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		28			
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 29		30			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>BALINK-WHITE, LINDA 4601 PIEDMONT ROAD PENSACOLA FL 32503</b>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 85 Zip Code	

I, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	RANKIN, CHERRIE	1.2 NAME	Diana Senechal
CITY-ST-ZIP	5775 AVENIDA REAL	1.3 STREET ADDRESS	2640 Edgewater Drive
	PENSACOLA FL 32504	1.4 CITY-ST-ZIP	Niceville, FL 32578
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, WANDA	2.2 NAME	Barbara Kurdelmeier
STREET ADDRESS	1788 E. JORDAN ST	2.3 STREET ADDRESS	1390 Ft. Pickens Rd. #126
CITY-ST-ZIP	PENSACOLA FL 32503	2.4 CITY-ST-ZIP	Pensacola Beach, FL 32561
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, GINGER	3.2 NAME	Anne Pirotte
STREET ADDRESS	1323 SOUNDVIEW TR	3.3 STREET ADDRESS	14799 Perdido Key #2
CITY-ST-ZIP	GULF BREEZ E 32561	3.4 CITY-ST-ZIP	Pensacola, FL 32507
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, NANCY	4.2 NAME	Linda L. Williams
STREET ADDRESS	3343 CHANTURENE DR	4.3 STREET ADDRESS	6102 Tippin Ave
CITY-ST-ZIP	PENSACOLA FL 32507	4.4 CITY-ST-ZIP	Pensacola, FL 32504
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

4. 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #