


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000005895	
1. Entity Name GREATER PENSACOLA LADIES TENNIS LEAGUE, INC.	

Principal Place of Business 3 STAR LAKE PENSACOLA, FL 32507	Mailing Address POST OFFICE BOX 30295 PENSACOLA, FL 32503
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01122006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3441766	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MAYBERRY, LEONA 3 STAR LAKE PENSACOLA, FL 32507

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE <u>Leona Mayberry</u> <small>Signature, typed or printed name of registered agent and the if applicable</small>	 <small>(NOTE: Registered Agent signature required when changing agent)</small>	<u>3/6/06</u> <small>DATE</small>

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000485900 03/22/06-80052-021 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, LINDA 8102 TIPPIN AVE PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CRUMPTON, FRAN 3765 MACKEY COVE PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RICHMOND, DIANA 4300 BRITTANY COURT PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAMBRICK, MARY 320 PLANTATION HILL RD GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KELLEN, TERRY 3945 HIDDEN OAK DR PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <u>TD Mary Hambrick</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>Mary Hambrick</u> <u>3/6/2006</u> <u>850-932-4968</u> <small>Daytime Phone #</small>