

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005895

FILED
Jan 31, 2007
Secretary of State

Entity Name: GREATER PENSACOLA LADIES TENNIS LEAGUE, INC.

Current Principal Place of Business:

3 STAR LAKE
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 30295
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 59-3441766

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAYBERRY, LEONA
3 STAR LAKE
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIAMS, LINDA
Address: 6102 TIPPIN AVE
City-St-Zip: PENSACOLA, FL 32504

Title: VD () Delete
Name: CRUMPTON, FRAN
Address: 3765 MACKEY COVE
City-St-Zip: PENSACOLA, FL 32514

Title: SD () Delete
Name: RICHMOND, DIANA
Address: 4300 BRITTANY COURT
City-St-Zip: PENSACOLA, FL 32504

Title: TD () Delete
Name: HAMBRICK, MARY
Address: 320 PLANTATION HILL RD
City-St-Zip: GULF BREEZE, FL 32561

Title: T () Delete
Name: KELLEN, TERRY
Address: 3945 HIDDEN OAK DR
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BARROW, JENNIE
Address: 504 PLANTATION HILL RD
City-St-Zip: GULF BREEZE, FL 32561

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

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

Title: 2VP (X) Change () Addition
Name: CREECH, RENEE
Address: 84 CHANTECLAIRE CIRCLE
City-St-Zip: GULF BREEZE, FL 32561

Title: T (X) Change () Addition
Name: SHAMBURGER, JULIE
Address: 31743 RIVER ROAD
City-St-Zip: ORANGE BEACH, AL 36561

I hereby certify that the information supplied with this filing does not qualify for the 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: JULIE SHAMBURGER

TRES

01/31/2007

Electronic Signature of Signing Officer or Director

Date