


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000000014	
1. Entity Name JULIUS GUINYARD TENNIS ASSOCIATION, INC.	

Principal Place of Business 3066 STARRATT CRK DR SOUTH JACKSONVILLE, FL 32226 US	Mailing Address P O BOX 41013 JACKSONVILLE, FL 32203-1013 US
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04032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3484951	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DAVIS, VANESSA 3066 STARRATT CRK DR SOUTH JACKSONVILLE, FL 32226

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

U000000707134
04/24/07-80063-002 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DAVIS, VANESSA 3066 STARRATT CRK DR SOUTH JACKSONVILLE, FL 32226
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MILTON, DELORES 6750 ROTH DR WEST JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LAMKIN, JOHN 8978 SANDUSKY DR JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SMALL, CHARLINE E 5304 GOLF COURSE DR JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/03/07 904751-2185
Date Daytime Phone #