

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 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



04072008 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 ☐

**\$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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

UQ00000883990  
04/17/08 80025-025 61.25

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME DAVIS, VANESSA  
STREET ADDRESS 3066 STARRATT CRK DR SOUTH  
CITY-ST-ZIP JACKSONVILLE, FL 32226

TITLE VD  
NAME MILTON, DELORES  
STREET ADDRESS 6750 ROTH DR WEST  
CITY-ST-ZIP JACKSONVILLE, FL 32209

TITLE TD  
NAME LAMKIN, JOHN  
STREET ADDRESS 8978 SANDUSKY DR  
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE SD  
NAME SMALL, CHARLINE E  
STREET ADDRESS 5304 GOLF COURSE DR  
CITY-ST-ZIP 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:**

*Charline E. Small* Charline E. Small 04/02/08 904-662-4868  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #