

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000014

FILED  
Apr 17, 2009  
Secretary of State

**Entity Name:** JULIUS GUINYARD TENNIS ASSOCIATION, INC.

**Current Principal Place of Business:**

3066 STARRATT CRK DR SOUTH  
JACKSONVILLE, FL 32226 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 41013  
JACKSONVILLE, FL 322031013 US

**New Mailing Address:**

**FEI Number:** 59-3484951

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAVIS, VANESSA  
3066 STARRATT CRK DR SOUTH  
JACKSONVILLE, FL 32226 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: DAVIS, VANESSA  
Address: 3066 STARRATT CRK DR SOUTH  
City-St-Zip: JACKSONVILLE, FL 32226

Title: VD ( ) Delete  
Name: MILTON, DELORES  
Address: 6750 ROTH DR WEST  
City-St-Zip: JACKSONVILLE, FL 32209

Title: TD ( ) Delete  
Name: LAMKIN, JOHN  
Address: 8978 SANDUSKY DR  
City-St-Zip: JACKSONVILLE, FL 32216

Title: SD ( ) Delete  
Name: SMALL, CHARLINE E  
Address: 5304 GOLF COURSE DR  
City-St-Zip: JACKSONVILLE, FL 32277

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JOHN LAMKIN

TD

04/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date