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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000004008

1. Corporation Name

NATIONAL URBAN YOUTH TENNIS FOUNDATION, INC.

Principal Place of Business

1355 NW 135TH ST.
NORTH MIAMI FL 33167

Mailing Address

12864 BISCAYNE BLVD.
257
N. MIAMI FL 33181



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
		26		07/14/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
		27		65-0769775	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

HENRY, GEORGE T
1225 NE 124 ST. APT. 35-A
NORTH MIAMI FL 33161

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
HENRY, GEORGE T		1.2 NAME	Ernie Ingram
1 ADDRESS: 1225 NE 124TH ST. APT. 35-A		1.3 STREET ADDRESS	1204 East 89 St.
ST-ZIP: N. MIAMI FL 33161		1.4 CITY-ST-ZIP	Kansas City, MO 64131
VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
SOANES, KEITH		2.2 NAME	Richard Baker
1 ADDRESS: 1225 NE 124TH ST. APT. 35-A		2.3 STREET ADDRESS	5980 Gales Lane
ST-ZIP: N. MIAMI FL 33161		2.4 CITY-ST-ZIP	Columbia MD 21045
D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
HARRISON, ROBERT		3.2 NAME	Randall Daniels
1 ADDRESS: 2100 N. 63RD RD.		3.3 STREET ADDRESS	3212 College Ave.
ST-ZIP: KANSAS CITY KS		3.4 CITY-ST-ZIP	Kansas City, MO 64128
D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
HOLMES, BRYCE		4.2 NAME	Thomas Daniels
1 ADDRESS: 108 EPHEUSUS CHURCH RD. APT. 204		4.3 STREET ADDRESS	2105 Deans Landing Dr.
ST-ZIP: CHAPEL HILL NC 27514		4.4 CITY-ST-ZIP	Lawrenceville, GA 30243
DTS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
BAKER, TRAVIA		5.2 NAME	Leon Roll
1 ADDRESS: 15830 SW 3RD CT. #104		5.3 STREET ADDRESS	590 NE 96 St
ST-ZIP: PEMBROKE PINES FL 33027		5.4 CITY-ST-ZIP	Miami Shores, FL 33138
D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
WOMEODU, TONY		6.2 NAME	Deidra D. Henry
1 ADDRESS: 1500 FINLEY RD.		6.3 STREET ADDRESS	10295 Collins Ave Apt 302
ST-ZIP: MEMPHIS TN 38116		6.4 CITY-ST-ZIP	Bal Harbour, FL 33

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 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

1/11/99

Date

305-685-5006

Daytime Phone #

CR2E037 (1/98)