

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N97000007073 (6)**

1. Corporation Name

**CAMPBELL PARK TENNIS CLUB, INC.**



Principal Place of Business

Mailing Address

**1043 - 19TH AVE SOUTH  
ST PETERSBURG FL 33705**

**1043 - 19TH AVE SOUTH  
ST PETERSBURG FL 33705**

3. Date Incorporated or Qualified

**12/22/1997**

4. FEI Number

**59-3493688**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PARHAM, ALMA G  
1043 - 19TH AVE SOUTH  
ST PETERSBURG FL 33705**

**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

**ALMA G. PARHAM**

**4/26/98**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE  
NAME **SENIOR, CHARLES**  
STREET ADDRESS **725 8TH ST SOUTH**  
CITY-ST-ZIP **ST PETERSBURG FL 33705**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **V** ☐ DELETE  
NAME **PARHAM, ALMA G**  
STREET ADDRESS **1043 - 19TH AVE SOUTH**  
CITY-ST-ZIP **ST PETERSBURG FL 33705**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE  
NAME **PERRY, CHONTELL**  
STREET ADDRESS **801 14TH ST SOUTH**  
CITY-ST-ZIP **ST PETERSBURG FL 33705**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **GIVENS, EILEEN**  
STREET ADDRESS **721 14th St. So.**  
CITY-ST-ZIP **ST PETERSBURG FL-33705 33705**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **BAKER, CARLA**  
STREET ADDRESS **4293 NARVAZ WAY SOUTH**  
CITY-ST-ZIP **ST PETERSBURG FL 33712**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **LAMAR, BONITA**  
STREET ADDRESS **4025 BLUEFISH DRIVE SE**  
CITY-ST-ZIP **ST PETERSBURG FL 33705**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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.

SIGNATURE

**CHARLES SENIOR**

**4/26/98**

CR2E037 (10/97)