

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N97000007073

1. Corporation Name

CAMPBELL PARK TENNIS CLUB, INC.

Principal Place of Business

1043 - 19TH AVE SOUTH
ST PETERSBURG FL 33705

Mailing Address

1043 - 19TH AVE SOUTH
ST PETERSBURG FL 33705



FILED
99 MAY -4 AM 9:11
TALLAHASSEE, FLORIDA

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/22/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3493688	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current 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

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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SENIOR, CHARLES	1.2 NAME	
STREET ADDRESS	725 8TH ST SOUTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33705	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARHAM, ALMA G	2.2 NAME	
STREET ADDRESS	1043 - 19TH AVE SOUTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33705	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRY, CHONTELL	3.2 NAME	
STREET ADDRESS	601 14TH ST SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33705	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIVENS, EILEEN	4.2 NAME	
STREET ADDRESS	721 14TH ST S	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33705	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, CARLA	5.2 NAME	
STREET ADDRESS	4293 NARVAEZ WAY SOUTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33712	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMAR, BONITA	6.2 NAME	
STREET ADDRESS	4025 BLUEFISH DRIVE SE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33705	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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)