

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P29113 (8)

1. Corporation Name

TENNIS INDUSTRY ASSOCIATION EDUCATION DIVISION,
INCORPORATED

Principal Place of Business

200 CASTLEWOOD DRIVE
NORTH PALM BEACH FL 33408

Mailing Address

200 CASTLEWOOD DRIVE
NORTH PALM BEACH FL 33408



3. Date Incorporated or Qualified

04/30/1990

3a. Date of Last Report

02/14/1995

2. Principal Place of Business

2a. Mailing Address

21 200 Castlewood Dr.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23 North Palm Beach, FL

28

Zip 33408

Country U.S.

Zip

Country

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIDDLE, JOHN
200 CASTLEWOOD DRIVE
NORTH PALM BEACH FL 33408

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

100001740971

83

-03/13/96--01027--028

84 City

***61.25

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 ☒ DELETE

NAME BUWICK, GENE
STREET ADDRESS 2233 WEST STREET
CITY-ST-ZIP RIVER GROVE IL

TITLE ☒ DELETE

NAME HAMPTON, BOB
STREET ADDRESS BANKER'S TRUST PLAZA
CITY-ST-ZIP GREENVILLE SC

TITLE ☒ DELETE

NAME DINGMAN, MATT
STREET ADDRESS 5251 N 16TH ST
CITY-ST-ZIP PHOENIX AZ

TITLE ☒ DELETE

NAME ADORNEY, MARK
STREET ADDRESS 5520 PARK AVENUE
CITY-ST-ZIP TRUMBULL CT

TITLE ☒ DELETE

NAME CRANDALL, PAMELA
STREET ADDRESS LAUREL STREET
CITY-ST-ZIP ASHAWAY RI

TITLE ☒ DELETE

NAME MONTENEGRO, BOB
STREET ADDRESS 934 SENATE DRIVE
CITY-ST-ZIP DAYTON OH

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

Daugh, Jim
8700 W. Bryn Mawr Avenue
Chicago, IL 60631

☐ Change ☐ Addition

D
Rick Margin
1 Tennis Court
Bordentown, NJ 08505

☐ Change ☐ Addition

T
Dan Santorum
109 Executive Center
Hilton Head Island, SC 29938

☐ Change ☐ Addition

T
Tim Heckler
3535 Briarpark Dr.
Houston, TX 77042

☐ Change ☐ Addition

T
Jill Fonte
121 Commodore Dr.
New Smyrna, FL 32169

☐ Change ☐ Addition

D
Brad Patterson
200 Castlewood Dr.
N. Palm Beach, FL 33408

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 115.07(3)(k), 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:

Brad Patterson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96

407/240-1127

CR2E037 (12/95)