

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002939

Entity Name: USTA-FLORIDA SECTION FOUNDATION, INC.**Current Principal Place of Business:**USTA FLORIDA ATTN:FOUNDATION PRES.
1 DEUCE CT STE 100
DAYTONA BCH, FL 32124**Current Mailing Address:**USTA FLORIDA ATTN:FOUNDATION PRES.
1 DEUCE CT STE 100
DAYTONA BCH, FL 32124**FEI Number:** 56-2443059**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BOOTH, DOUGLAS
C/O USTA FLORIDA, 1 DEUCE COURT,
SUITE 100
DAYTONA BEACH, FL 32124 US*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**Officer/Director Detail :**

Title	D
Name	CELIA, REHM
Address	2882 PLUMMER COVER RD
City-State-Zip:	JACKSONVILLE FL 32223

Title	SECRETARY
Name	MONTANA, CONNOR
Address	699 WEST GAINES STREET APT# 3359-A
City-State-Zip:	TALLAHASSEE FL 32304

Title	DIRECTOR
Name	JEAN , MILLS
Address	3555 LAKEVIEW BLVD.
City-State-Zip:	DELRAY BEACH FL 33445

Title	TREASURER
Name	FOSTER, JUDY
Address	3313 SAN CARLOS STREET
City-State-Zip:	CLEARWATER FL 33759

Title	DIRECTOR
Name	DAVIS, DONN
Address	2128 CALCUTTA ROAD
City-State-Zip:	PUNTA GORDA FL 33983

Title	DIRECTOR
Name	ANDREWS, DANA
Address	3103 B SAN RAFAEL STREET
City-State-Zip:	TAMPA FL 33629

I hereby 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 all other like empowered.

SIGNATURE: CELIA REHM**PRESIDENT****04/10/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date