

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49977

Entity Name: TALLAHASSEE TENNIS ASSOCIATION, INC.**Current Principal Place of Business:**FOREST MEADOWS PARK
4950 N. MERIDIAN RD.
TALLAHASSEE, FL 32312**Current Mailing Address:**PO BOX 38414
TALLAHASSEE, FL 32315**FEI Number:** 59-3139981**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BAHORSKI, TOM
8527 YASHUNTAFUN RD
TALLAHASSEE, FL 32311 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 ASST. TREASURER
Name BAHORSKI, TOM
Address 8527 YASHUNTAFUN RD
City-State-Zip: TALLAHASSEE FL 32311

Title BOARD MEMBER
Name JAMES, SUE
Address 1110 LOMPOC COURT
City-State-Zip: TALLAHASSEE FL 32317

Title SECRETARY
Name BROWN, TAMI
Address 2127 SUNLIGHT TERRACE
City-State-Zip: TALLAHASSEE FL 32311

Title TREASURER
Name BRITT, JENNIFER
Address 3609 HARWELL PL
City-State-Zip: TALLAHASSEE FL 32303

Title PRESIDENT
Name KELLEY , DENNIS
Address 703 N. GADSDEN ST
APT 4
City-State-Zip: TALLAHASSEE FL 32303

Title VP
Name KENDAL , CATHY
Address 4321 KIMBERLY CIRCLE
City-State-Zip: TALLAHASSEE FL 32309

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: TOM BAHORSKI

ASST TREASURER

01/14/2014

Electronic Signature of Signing Officer/Director Detail

Date