FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 24 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 753244 (3)

1. Corporation Name
TEMPLE TERRACE FRIENDSHIP CLUB, INC.

Principal Place of Business	Mailing Address
615 HALLEWOOD TEMPLE TERRACE FL 33617	6108 SOARING AVENUE TEMPLE TERRACE FL 33617 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/03/1980
3a. Date of Last Report: 04/18/1994
4. FEI Number: NOT APPLICABLE — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 Lang, Marie
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 10902 Kewanee Drive
City & State 23	City & State 28 Temple Terrace, FL
Zip 24 / Country 25	Zip 29 33617 / Country 30 Hillsb.

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CRITES, MARY JO 6108 SOARING AVENUE TEMPLE TERRACE FL 33617	81 Name: Lang, Marie 82 Street Address (P.O. Box Number is Not Acceptable): 10902 Kewanee Drive 83 84 City: Temple Terrace FL 85 Zip Code: 33617

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Marie Lang - Pres. (Signature, typed or printed name of registered agent and title if applicable) Marie A. Lang (NOTE: Registered Agent signature required when reinstating) DATE: 4/18/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	CRITES, MARY J	1.2 NAME	Lang, Marie	
STREET ADDRESS	6108 SOARING AVENUE	1.3 STREET ADDRESS	10902 KEWANEE DRIVE	
CITY-ST-ZIP	TEMPLE TERRACE FL	1.4 CITY-ST-ZIP	TEMPLE TERRACE, FL 33617	
TITLE	VD	2.1 TITLE	VD	☐ Change ☑ Addition
NAME	LANG, MARIE	2.2 NAME	Hart, Dolly	
STREET ADDRESS	10902 KEWANCE DRIVE	2.3 STREET ADDRESS	8021 Tierra Verde Drive	
CITY-ST-ZIP	TEMPLE TERRACE FL	2.4 CITY-ST-ZIP	TEMPLE TERRACE, FL 33617	
TITLE	TD	3.1 TITLE	TD	☑ Change ☐ Addition
NAME	MACKINNON, BARBARA A	3.2 NAME	MacKinnon, Barbara	
STREET ADDRESS	11404 TULLAMORE PL	3.3 STREET ADDRESS	11401 Tullamore Place	
CITY-ST-ZIP	TEMPLE TERRACE FL	3.4 CITY-ST-ZIP	TEMPLE TERRACE, FL 33617	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 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: Barbara A. MacKinnon - Treas. 4/18/95 1-813-987-2215
(SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)
BARBARA A. MACKINNON