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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **753244** (3)

1. Corporation Name

TEMPLE TERRACE FRIENDSHIP CLUB, INC.

Principal Place of Business

Mailing Address

6249 DEW DROP WAY
TEMPLE TERRACE FL 33617
US

PREVATT, VIRGINIA
6249 DEW DROP WAY
TEMPLE TERRACE FL 33617
US

3. Date Incorporated or Qualified

07/03/1980

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PREVATT, VIRGINIA
6249 DEW DROP WAY
TEMPLE TERRACE FL 33617

10. Name and Address of New Registered Agent

81 Name	PREVATT, VIRGINIA
82 Street Address (P.O. Box Number is Not Acceptable)	6249 DEW DROP WAY
83 City	TEMPLE TERRACE FL
84 Zip Code	33617

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	PO	1.1 TITLE	
NAME	PREVATT, VIRGINIA	1.2 NAME	
STREET ADDRESS	6249 DEW DROP WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VD
NAME	ZISTLER, BETTY	2.2 NAME	MARY DALZELL
STREET ADDRESS	1405 N. RIVERHILLS DR	2.3 STREET ADDRESS	11781 GAIL DR.
CITY-ST-ZIP	TEMPLE TERRACE FL	2.4 CITY-ST-ZIP	TEMPLE TERRACE, FL 33617
TITLE	TD	3.1 TITLE	
NAME	DORMAN, MARGE	3.2 NAME	
STREET ADDRESS	64115 S. QUEENS WAY DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Virginia Prevatt* VIRGINIA PREVATT 3/17/98 813-989-3472

CP2E037 (10/97)