


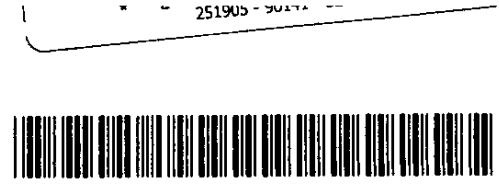
FILE NOW: FILING FEE IS \$61.25

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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90141 032 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 753244 1. Corporation Name TEMPLE TERRACE FRIENDSHIP CLUB, INC.					
Principal Place of Business 6249 DEW DROP WAY TEMPLE TERRACE FL 33617 US			Mailing Address PREVATT, VIRGINIA 6249 DEW DROP WAY TEMPLE TERRACE FL 33617 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/03/1980	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PREVATT, VIRGINIA 6249 DEW DROP WAY TEMPLE TERRACE FL 33617				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DALZELL, MARY		2.2 NAME		
STREET ADDRESS	11781 GAIL DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE FL 33617		2.4 CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	PD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DALZELL, MARY		4.2 NAME		
STREET ADDRESS	11781 GAIL DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE FL 33617		4.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DORMAN, MARGE		5.2 NAME		
STREET ADDRESS	64115 S. QUEENS WAY DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE FL 33617		5.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENG, JOAN		6.2 NAME		
STREET ADDRESS	505 GARRARD DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE FL 33617		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, with all other like empowered.

SIGNATURE: *Marge Dorman* **SIGNATURE REQUIRED** *3-11-99* *813-988-3583*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)