2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 02, 2001 8:00 am DOCUMENT # 753244 ... **Secretary of State** 1. Entity Name TEMPLE TERRACE FRIENDSHIP CLUB, INC. 03-02-2001 90017 030 ****61.25 Mailing Address Principal Place of Business DALZELL, MARY 11781GAIL DR TEMPLE TERRACE FL 33617 11781 GAIL DR TEMPLE TERRACE FL 33617 2. Principal Place of Busin-3 1. ilina 4-1-Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable guitativ \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARGE DORMAK Street Address (P.O. Box Number is Not Acceptable) DALZELL, MARY 11781 GAIL DR 6411 QUEENSWAY **TEMPLE TERRACE FL 33617** 8. 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 FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TREASURER SHIRLEY A. REEDER ACTIONS IN 10 SHIRLEY A. REEDER DAY BUA DR TEMPLE TERRACE 644 BUA DR Change Addition ☐ Delete TITLE TITLE HENG, JOAN NAME NAME 505 GERRARD DR STREET ADDRESS STREET ADDRESS 33617 CITY-ST-ZIP CITY-ST-ZIP TEMPLE TERRACE FL PRESIDENT MARGE DORMAN TITLE ☐ Delete TITLE MARGE DALZELL. MARY NAME NAME 6411 5. QUEEKSWAY STREET ADDRESS 11781 GAIL DR STREET ADDRESS TEMPLE TERRACE, FL 33617 CITY-ST-ZIP TEMPLE TERRACE FL 33617 CITY-ST-ZIP VICE PRESIDENT EISIE DREW 6103 SOARING AUE Change TITLE ☐ Delete TITLE DORMAN, MARGE NAME NAME STREET ADDRESS 64115 S. QUEENS WAY DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TEMPLE TERRACE FL EMPLE TERRACE, FL 33617 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

arman SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR