

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90045 016 ****61.25

DOCUMENT # 753244

1. Entity Name

TEMPLE TERRACE FRIENDSHIP CLUB, INC.



Principal Place of Business

644 BUA DRIVE
TEMPLE TERRACE FL 33617
US

Mailing Address

644 BUA DRIVE
TEMPLE TERRACE FL 33617
US



2. Principal Place of Business

11820 SOPHIA DR.

Suite, Apt. #, etc.

#2209

City & State

TEMPLE TERRACE, FL

Zip
33637

Country

HILLSBOROUGH

3. Mailing Address

11820 SOPHIA DR.

Suite, Apt. #, etc.

#2209

City & State

TEMPLE TERRACE, FL

Zip
33637

Country

HILLSBOROUGH

1st MOORE

CR2E037 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REEDER, SHIRLEY A.
644 BUA DRIVE
TEMPLE TERRACE FL 33617

7. Name and Address of New Registered Agent

Name

BONITA R. REICH

Street Address (P.O. Box Number is Not Acceptable)

11820 SOPHIA DR, #2209

City

TEMPLE TERRACE

FL

Zip Code

33637

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

BONITA R. REICH Bonita R Reich

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/30/2006

DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	REEDER, SHIRLEY A	
STREET ADDRESS	644 BUA DRIVE	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE	D1VP	<input checked="" type="checkbox"/> Delete
NAME	REICH, BONITA	
STREET ADDRESS	11820 SOPHIA DRIVE	
CITY-ST-ZIP	TEMPLE TERRACE FL 33677	
TITLE	D2VP	<input checked="" type="checkbox"/> Delete
NAME	MARTINEZ, LYNN	
STREET ADDRESS	720 DRUID HILLS ROAD	
CITY-ST-ZIP	TEMPLE TERRACE FL 33677	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONITA R REICH	
STREET ADDRESS	11820 SOPHIA DR, #2209	
CITY-ST-ZIP	TEMPLE TERRACE FL 33637	
TITLE	D1VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNN MARTINEZ	
STREET ADDRESS	720 DRUID HILLS ROAD	
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617	
TITLE	D2VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARANN SMITH	
STREET ADDRESS	417 BANNOCKBURN Ave.	
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Bonita R Reich BONITA R. REICH

1/30/2006 813984-9650