

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 753244

**FILED**  
**Mar 12, 2010**  
**Secretary of State**

**Entity Name:** TEMPLE TERRACE FRIENDSHIP CLUB, INC.

**Current Principal Place of Business:**

417 BANNOCKBURN AVE  
TEMPLE TERRACE, FL 33617 US

**New Principal Place of Business:**

**Current Mailing Address:**

417 BANNOCKBURN AVE  
TEMPLE TERRACE, FL 33617 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, CLARANN  
417 BANNOCKBURN AVE  
TAMPA, FL 33617 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SMITH, CLARANN  
Address: 417 BANNOCKBURN AVE  
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: D2VP  
Name: BENWAY, PAULA  
Address: 1225 N. RIVERHILLS  
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: D2VP  
Name: OWENS, MARYROSE  
Address: 110 S. LOCKMOOR AVE.  
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: TREA  
Name: STUART, NANCY  
Address: 6603 GLENCOE DR.  
City-St-Zip: TEMPLE TERRACE,, FL 33617

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CLARANN SMITH

PRES

03/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date