

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753244

FILED  
Feb 27, 2012  
Secretary of State

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

**Current Principal Place of Business:**

6603 GLENCOE DRIVE  
TEMPLE TERRACE, FL 33617 US

**New Principal Place of Business:**

110 S. LOCKMOOR AVENUE  
TEMPLE TERRACE, FL 33617 US

**Current Mailing Address:**

6603 GLENCOE DRIVE  
TEMPLE TERRACE, FL 33617 US

**New Mailing Address:**

110 S. LOCKMOOR AVENUE  
TEMPLE TERRACE, FL 33617 US

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

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

STUART, NANCY  
6603 GLENCOE DRIVE  
TEMPLE TERRACE, FL 33617 US

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

OWENS, MARYROSE  
110 S. LOCKMOOR AVENUE  
TEMPLE TERRACE, FL 33617 US

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: MARYROSE OWENS

02/27/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: D1VP  
Name: GREEN, SANDY  
Address: 6005 SOARING AVENUE  
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: D2VP  
Name: HAMILL, IRMA  
Address: 11003 RICHLYNE STREET  
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: T  
Name: LATINA, JANE  
Address: 7002 DOREEN STREET  
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: S  
Name: CARUSO, CAROL  
Address: 705 GRAND COURT  
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: S  
Name: TICKNOR, JEAN  
Address: 6005 SOARING AVENUE  
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: MARYROSE OWENS

PD

02/27/2012

Electronic Signature of Signing Officer or Director

Date