FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
95 MAY 21 AM 9:12

DOCUMENT # **N51283** **(2)**

1. Corporation Name

GFWC TEMPLE TERRACE SERVICE LEAGUE, INC.

Principal Place of Business	Mailing Address
P.O. BOX ~~15305~~ 16147 TEMPLE TERRACE FL 33687-6305	P.O. BOX ~~15305~~ 16147 TEMPLE TERRACE FL 33687-6305

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/13/1992
3a. Date of Last Report: 05/27/1994
4. FEI Number: 59-3158383 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 16147
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Temple Terrace, Florida
Zip 24 / Country 25	Zip 29 33687 / Country 30 Hillsborough

9. Name and Address of Current Registered Agent

VICKERS, FAIRFAX
805 GASCON PLACE
TEMPLE TERRACE FL 33617

10. Name and Address of New Registered Agent

81 Name: Hemrich, Nancy
82 Street Address (P.O. Box Number is Not Acceptable): 510 Montrose Avenue
83
84 City: Temple Terrace **FL** 85 Zip Code: 33617

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Nancy A Hemrich President 5/15/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	VICKERS, FAIRFAX	12 NAME	Hemrich, Nancy
STREET ADDRESS	805 GASCON PLACE	13 STREET ADDRESS	510 Montrose Avenue
CITY-ST-ZIP	TEMPLE TERRACE FL	14 CITY-ST-ZIP	Temple Terrace, Florida 33617
TITLE	DV	21 TITLE	☒ Change ☐ Addition
NAME	VICKERS, FAIRFAX	22 NAME	Adair, Pat
STREET ADDRESS	510 MONTROSE AVE.	23 STREET ADDRESS	810 Gascon Place
CITY-ST-ZIP	TEMPLE TERRACE FL	24 CITY-ST-ZIP	Temple Terrace, Florida 33617
TITLE	DS	31 TITLE	☐ Change ☐ Addition
NAME	WARD, MARIE	32 NAME	NONE
STREET ADDRESS	8210 COLLIER PLACE	33 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL	34 CITY-ST-ZIP	
TITLE	DT	41 TITLE	☐ Change ☐ Addition
NAME	WALKER, NORMA	42 NAME	
STREET ADDRESS	505 ROYAL GREENS DR.	43 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Nancy A Hemrich President Nancy A Hemrich 5/15/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

(813) 985-5942
Daytime Phone #

0095222