

FILE NOW: FILING FEE IS \$61.25

FILED

May 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N51283** (2)

1. Corporation Name

**GFWC TEMPLE TERRACE SERVICE LEAGUE, INC.**



Principal Place of Business	Mailing Address
P O BOX 16147 TEMPLE TERRACE FL 33687-6305 US	P O BOX 16147 TEMPLE TERRACE FL 33687-6147 US

3. Date Incorporated or Qualified <b>10/13/1992</b>	3a. Date of Last Report <b>05/01/1996</b>
--	--

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-3158383</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 <b>33687-6147</b> 25	29	30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>HEMRICH, NANCY</b> <b>510 MONTROSE AVE</b> <b>TEMPLE TERRACE FL 33617</b>		81 Name <b>Adair, Patricia</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>810 Gascon Place</b> 83 <b>Temple Terrace</b> 84 City <b>Tempe Terrace FL</b> 85 Zip Code <b>33617</b>	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **PATRICIA M. ADAIR** *Patricia M Adair* **5/1/97**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HENRICH, NANCY</b>	1.2 NAME	<b>Pam Zambito</b>
STREET ADDRESS	<b>510 MONTROSE AVE</b>	1.3 STREET ADDRESS	<b>304 East Minnehaha</b>
CITY-ST-ZIP	<b>TEMPLE TERRACE FL</b>	1.4 CITY-ST-ZIP	<b>Tampa, FL 33604</b>
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADAIR, PAT</b>	2.2 NAME	
STREET ADDRESS	<b>810 GASCON PL</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TEMPLE TERRACE FL</b>	2.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STONE, CHERYL</b>	3.2 NAME	
STREET ADDRESS	<b>9215 KINGSRIDGE DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TEMPLE TERRACE</b>	3.4 CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BAILEY, NANCY</b>	4.2 NAME	<b>Karen Jackson</b>
STREET ADDRESS	<b>11009 CINDERLANE PLACE</b>	4.3 STREET ADDRESS	<b>6107 112th Ave. East</b>
CITY-ST-ZIP	<b>TEMPLE TERRACE FL</b>	4.4 CITY-ST-ZIP	<b>Tempe Terrace, FL 33617</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: *Patricia M Adair* **REQUIRED May 1, 1997** **813-974-7736**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0048372

CR2E037 (9/96)