

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Feb 09 1998 8:00am
Secretary of State

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 33687-6147
US

P O BOX 16147
TEMPLE TERRACE FL 33687-6305
US

3. Date Incorporated or Qualified

10/13/1992

4. FEI Number

59-3158383

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADAIR, PATRICIA
810 GASCON PLACE
TEMPLE TERRACE FL 33617

81 Name Pamela H. Zambito

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

304 E. Minnehaha

83

84 City

Tampa

FL

85 Zip Code

33604

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

Pamela H. Zambito

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-2-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV
NAME ZAMBITO, PAM
STREET ADDRESS 304 EAST MINNEHAHA
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE DP
NAME ADAIR, PAT
STREET ADDRESS 810 GASCON PL
CITY-ST-ZIP TEMPLE TERRACE FL

☒ DELETE

TITLE DT
NAME STONE, CHERYL
STREET ADDRESS 9215 KINGSRIDGE DR
CITY-ST-ZIP TEMPLE TERRACE

☒ DELETE

TITLE DS
NAME JACKSON, KAREN
STREET ADDRESS 6107 112TH AVE. EAST
CITY-ST-ZIP TEMPLE TERRACE FL

☐ DELETE

TITLE DV
NAME Sharon Caltagirone
STREET ADDRESS 520 Garrard Dr
CITY-ST-ZIP Temple Terrace, FL 33617

☐ DELETE

TITLE DT
NAME Joyce Johnston
STREET ADDRESS 10904 Victoria Arbor Way
CITY-ST-ZIP Temple Terrace, FL 33617

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

President
DP

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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

Pamela H. Zambito

2-2-98 (812) 2390173

CR2E037 (10/97)