


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90027 042 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N51283**

1. Corporation Name

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

Principal Place of Business

P O BOX 16147  
 TEMPLE TERRACE FL 33687-6147  
 US

Mailing Address

P O BOX 16147  
 TEMPLE TERRACE FL 33687-6305  
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 P.O. Box 292793	26 P.O. Box 292793	10/13/1992
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3158383
City & State	City & State	Applied For
23 Temple Terrace FL	28 Temple Terrace FL	Not Applicable
Zip Country	Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 33687 25 U.S.	29 33687 30 U.S.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

ZAMBITO, PAMELA H  
 304 E MINNEHAHA  
 TAMPA FL 33604

10. Name and Address of New Registered Agent

81 Name  
 JOYCE JOHNSTON  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 10904 VICTORIA ARBOR WAY  
 83  
 84 City  
 TEMPLE TERRACE FL 85 Zip Code  
 33617

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

*Joyce W. Johnston* Joyce W. Johnston Treasurer 2/26/99

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

(NOTE: Registered Agent Signature required when reinstating)

2/26/99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAMBITO, PAM	1.2 NAME	Caltagirone, Sharon
STREET ADDRESS	304 EAST MINNEHAHA	1.3 STREET ADDRESS	520 Garrard Dr.
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Temple Terrace FL 33617
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALTAGIRONE, SHARON	2.2 NAME	Cindy Warren
STREET ADDRESS	520 GARRARD DR	2.3 STREET ADDRESS	9705 Woodland Ridge Drive
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	2.4 CITY-ST-ZIP	Temple Terrace, FL 33637
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, JOYCE	3.2 NAME	
STREET ADDRESS	10904 VICTORIA ARBOR WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	3.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, KAREN	4.2 NAME	
STREET ADDRESS	6107 112TH AVE. EAST	4.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL	4.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE:

*Joyce W. Johnston* SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/99

Date

813-985-3533

Daytime Phone #

CR2E037 (11/98)