


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90030 008 \*\*\*\*61.25

<b>DOCUMENT # N51283</b>	
1. Entity Name <b>GFWC TEMPLE TERRACE SERVICE LEAGUE, INC.</b>	

Principal Place of Business <b>P.O. BOX 292793 TEMPLE TERRACE FL 33687-6147 US</b>	Mailing Address <b>P.O. BOX 292793 TEMPLE TERRACE FL 33687-6147 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number <b>59-3158383</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>MARRS, MELODY 604 N HERCHEL DRIVE TAMPA FL 33617</b>		7. Name and Address of New Registered Agent Name <u>Norma Walker</u> Street Address (P.O. Box Number is Not Acceptable) <u>10510 Cory Lake Drive</u> <u>Tampa</u> City <u>Tampa</u> FL Zip Code <u>33647</u>	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Norma Walker DATE March 9, 2004

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <u>PO</u> NAME <u>MARRS, MELODY</u> STREET ADDRESS <u>604 N HERCHEL DRIVE</u> CITY-ST-ZIP <u>TEMPLE TERRACE FL 33617</u>	<input checked="" type="checkbox"/> Delete	TITLE <u>CO-BO</u> NAME <u>Norma Walker</u> STREET ADDRESS <u>10510 Cory Lake Drive</u> CITY-ST-ZIP <u>Tampa, Florida 33647</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME <u>VPD</u> STREET ADDRESS <u>DONOHUE, CHERI</u> CITY-ST-ZIP <u>209 LINDA AVENUE</u> <u>TEMPLE TERRACE FL 33617</u>	<input checked="" type="checkbox"/> Delete	TITLE <u>CO-BO</u> NAME <u>Georgene Perlman</u> STREET ADDRESS <u>6003 Soaring Avenue</u> CITY-ST-ZIP <u>Temple Terrace, Florida 33617</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME <u>COVP</u> STREET ADDRESS <u>BARRA, APRIL</u> CITY-ST-ZIP <u>602 HERCHEL DRIVE</u> <u>TEMPLE TERRACE FL 33617</u>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME <u>COVP</u> STREET ADDRESS <u>WEIGLE, EILEEN</u> CITY-ST-ZIP <u>6005 SOARING AVENUE</u> <u>TEMPLE TERRACE FL 33617</u>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME <u>S</u> STREET ADDRESS <u>SHEFFIELD, KAREN</u> CITY-ST-ZIP <u>10906 KEWANEE DRIVE</u> <u>TEMPLE TERRACE FL 33617</u>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME <u>DT</u> STREET ADDRESS <u>ZWOLAK, KAREN</u> CITY-ST-ZIP <u>311 RIVERHILLS DRIVE S.</u> <u>TEMPLE TERRACE FL 33617</u>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Norma Walker 98-0066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #