FILED
Jul 02, 2002 8:00 am
Secretary of State
06-12-2002 90238 015 ****61.25

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002212

1. Entity Name.
Temple Terrace Chapter #5194 of FARP, Inc

DO NOT WRITE IN THIS SPACE

[redacted]

37403
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2. Principal Place of Business	3. Mailing Address
Wood Mint Clubhouse	Jake Mullen
Suite, Apt. #, etc. 415 Wood Mint Ave	Suite, Apt. #, etc. 5104 Puritan Circle
City & State Temple Terrace	City & State Tampa FL.
Zip 33617 Country Hills	Zip 33617 Country Hills

4. FEI Number E53-5348996 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd
City: Plantation FL Zip Code: 33324

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.

SIGNATURE: [signature] Stacy M. Rosenthal Vice President and Assistant Secretary DATE: 6/4/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Must be signed by registered agent if changing)

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

P	TITLE President NAME Shirley Adema D STREET ADDRESS 630 Highland Ave. CITY-ST-ZIP Temple Terrace 33617	TITLE NAME STREET ADDRESS CITY-ST-ZIP
D	TITLE 1st Vice President NAME Herman Easley D STREET ADDRESS 4025 Rivershills Dr. CITY-ST-ZIP Temple Terrace 33617	TITLE NAME STREET ADDRESS CITY-ST-ZIP
D	TITLE NAME May Bates 2nd Vice Pres D STREET ADDRESS 11612 Northfail Ave CITY-ST-ZIP Temple Terrace 33617	TITLE NAME STREET ADDRESS CITY-ST-ZIP
D	TITLE NAME Jean Bradley Secretary D STREET ADDRESS 503 Bonaire Ave. CITY-ST-ZIP Temple Terrace 33617	TITLE NAME STREET ADDRESS CITY-ST-ZIP
D	TITLE Treasurer NAME Jake Mullen D STREET ADDRESS 5104 Puritan Circle CITY-ST-ZIP Tampa FL 33617	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	TITLE Asst Treasurer NAME Bob Marquette STREET ADDRESS 6201 Thnager Place CITY-ST-ZIP Temple Terrace 33617	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-11-02 813 914 8576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #