

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90081 009 ****61.25

DOCUMENT # 710166

1. Corporation Name

TEMPLE TERRACE GOLF AND COUNTRY CLUB

Principal Place of Business
200 INVERNESS
TEMPLE TERRACE FL 33617-4821

Mailing Address
200 INVERNESS
TEMPLE TERRACE FL 33617-4821



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
		26		08/03/1966	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
		27		59-0782745	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
28		28			
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WHITTEMORE, JAMES D. ONE TAMPA CITY CENTER, STE.2470 TAMPA FL 33602				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 85 Zip Code	

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

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	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKE, BRIAN	1.2 NAME	WARREN Johnson
STREET ADDRESS	6407 112TH AVE.	1.3 STREET ADDRESS	12605 N. 52nd St
CITY-ST-ZIP	TEMPLE TERRACE, FL 00000 33617	1.4 CITY-ST-ZIP	Temple Terrace, FL 33617
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, WARREN	2.2 NAME	Steve Culbreath
STREET ADDRESS	12605 N. 52ND ST.	2.3 STREET ADDRESS	205 S. Glen Arven Ave
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	2.4 CITY-ST-ZIP	Temple Terrace, FL 33617
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NERTNEY, JOHN	3.2 NAME	James Moore
STREET ADDRESS	6719 WHITEWAY DR	3.3 STREET ADDRESS	211 Bannockburn Ave
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	3.4 CITY-ST-ZIP	Temple Terrace, FL 33617
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREEEL, EL	4.2 NAME	
STREET ADDRESS	315 FERN CLIFF AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE, FL 00000 33617	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	

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:

James D. Moore, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES D. MOORE, JR.

1-8-99 813-988-1791
Date Daytime Phone #

CR2E037 (11/98)