


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90098 038 ****61.25

DOCUMENT # 710166 1. Entity 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0782745	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITEMORE, DONALD H 400 N. TAMPA ST., SUITE 2630 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANGDON, DAVID 406 DEER PARK TEMPLE TERRACE, FL 33617	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JIM CRAIG 123 N. BURLINGAME TEMPLE TERRACE FL 33617	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SCHAFER, JAMES 814 BAN LAMAND TAMPA, FL 33617	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOE SIMMONS 502 CRESTOVER DR. TEMPLE TERRACE FL 33617	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT ASTORGUIZA, HAROLD 11408 LOUVRE PL TEMPLE TERRACE, FL 33617	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHN CHAMBERS 924 N. RIVERHILLS DR. TEMPLE TERRACE FL 33617	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LANGDON, DAVID 406 DEER PARK TEMPLE TERRACE, FL 33617	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIP REID 11508 ROBLES DEL RIO TEMPLE TERRACE FL 33617	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, JAMES 211 N BANNOCKBURN AVE TEMPLE TERRACE, FL 33617	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN NERTNEY 703 ARGYLE PL TEMPLE TERRACE FL 33617	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CALLAHAN, RON 321 S GLAN AVE TEMPLE TERRACE, FL 33617	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RON CALLAHAN 321 S. GLEN ARVEN TEMPLE TERRACE FL 33617	<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 exemptions contained in Chapter 119, 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: <i>Ronald S. Callahan</i>			PRESIDENT TREASURER		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 1/22/07 Daytime Phone # 813-988-1791x201		



ATTACHMENT 60009487
710166
Temple Terrace
Golf & Country Club

Additional Officers & Board of Directors

D Addition
Chuck Crowley
6610 Glenco Dr.
Temple Terrace, FL 33617

D Addition
Steve Wiley
11502 Humber Pl.
Temple Terrace, FL 33617

D Addition
Ron Motto
6312 E. 112th Ave.
Temple Terrace, FL 33617

D Addition
John Tenney
1248 Starry Night St.
Wesley Chapel, FL 33543

D Addition
Mike Stanley
403 Brier Cliff Dr.
Temple Terrace, FL 33617