FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:07

DOCUMENT # **721173** **(3)**

1. Corporation Name
TEMPLE TERRACE YOUTH SPORTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P O BOX 291251 TEMPLE TERRACE FL 33687	P O BOX 291251 TEMPLE TERRACE FL 33687

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/16/1971
3a. Date of Last Report: 06/13/1994
4. FEI Number: 23-7116238 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WING, KENNETH G.
11201 N MCKINLEY DR
33612 FL 33602

10. Name and Address of New Registered Agent

81 Name: JACK HINDLE
82 Street Address (P.O. Box Number is Not Acceptable): 5205 E. FOWLER AVENUE #184
83 TEMPLE TERRACE
84 City: FL 85 Zip Code: 33617

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Jack Hindle 3-31-95
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	D	11 TITLE		☐ Change ☐ Addition
NAME	DIMAIO, MIKE	12 NAME		
STREET ADDRESS	6604 BAYBROOKS CIR	13 STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERR. FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	SHUCK, BARBARA	22 NAME		
STREET ADDRESS	6311 JACQUELINE ARBOR DR	23 STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE FL	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	CRISWELL, BILL	32 NAME		
STREET ADDRESS	7210 RIBER FOREST LN	33 STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE FL	34 CITY-ST-ZIP		
TITLE	PD	41 TITLE	PD	☒ Change ☐ Addition
NAME	WING, KEN	42 NAME	JACK HINDLE	
STREET ADDRESS	11201 N MCKINLEY DR	43 STREET ADDRESS	5205 E. FOWLER AVE #184	
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	TEMPLE TERRACE, FL 33617	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	MARTINEZ, LINDA	52 NAME		
STREET ADDRESS	7910 SHORE BLUFF CT	53 STREET ADDRESS		
CITY ST ZIP	TAMPA FL	54 CITY-ST-ZIP		
TITLE	DV	61 TITLE	D	☒ Change ☐ Addition
NAME	CRISWELL, CAROLYN	62 NAME		
STREET ADDRESS	7210 RIVER FOREST LANE	63 STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Jack Hindle 3-31-95 813-621-3459
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0049281