


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **721173** (3)
1. Corporation Name
TEMPLE TERRACE YOUTH SPORTS ASSOCIATION, INC.

Principal Place of Business Mailing Address
P O BOX 291251 P O BOX 291251
TEMPLE TERRACE FL 33687 TEMPLE TERRACE FL 33687-1251



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/16/1971		3a. Date of Last Report 02/12/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 23-7116238		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HINDLE, JACK 5205 E. FOWLER AVENUE 184 TEMPLE TERRACE FL 33617				81 Name JACK HINDLE			
				82 Street Address (P.O. Box Number Is Not Acceptable) 5205 E. FOWLER AVE.			
				83			
				84 City TEMPLE TERRACE FL 85 Zip Code 33617			

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	T	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WOOLDRIDGE, STANLEY			1.2 NAME	KAY WRIGHT		
STREET ADDRESS	8006 DORADO CT			1.3 STREET ADDRESS	4419 PORPOISE DR.		
CITY-ST-ZIP	TAMPA FL			1.4 CITY-ST-ZIP	TAMPA FL 33617		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHUCK, BARBARA			2.2 NAME	WOOLDRIDGE STANLEY		
STREET ADDRESS	8311 JACQUELINE ARBOR DR			2.3 STREET ADDRESS	8006 DORADO CT		
CITY-ST-ZIP	TEMPLE TERRACE FL			2.4 CITY-ST-ZIP	TAMPA FL 33617		
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HINDLE, JACK			3.2 NAME			
STREET ADDRESS	5205 E. FOWLER AVE 184			3.3 STREET ADDRESS			
CITY-ST-ZIP	TEMPLE TERRACE FL			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTINEZ, LINDA			4.2 NAME	THOMAS BARBARA		
STREET ADDRESS	7910 SHORE BLUFF CT			4.3 STREET ADDRESS	8723 N 50 ST.		
CITY-ST-ZIP	TAMPA FL			4.4 CITY-ST-ZIP	TAMPA, FL 33617		
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			

14. I do 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.

SIGNATURE:

KAY WRIGHT | **KAY WRIGHT** 4-1-97 980-6311

CR2E037 (9/96)