

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 16 1998 8:00am
Secretary of State

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

3. Date Incorporated or Qualified

06/16/1971

4. FEI Number

23-7116238

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HINDLE, JACK
5205 E FLOWER AVE
TEMPLE TERRACE FL 33617

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

Jack Hindle JACK HINDLE

7/1/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T
NAME WRIGHT, KAY ☒ DELETE
STREET ADDRESS 4419 PORPOISE DR
CITY-ST-ZIP TAMPA FL

AT
NAME WOOLRIDGE, STANLEY ☐ DELETE
STREET ADDRESS 8008 DORADO CT
CITY-ST-ZIP TAMPA FL

PD
NAME HINDLE, JACK ☐ DELETE
STREET ADDRESS 5205 E. FOWLER AVE 184
CITY-ST-ZIP TEMPLE TERRACE FL

D
NAME THOMAS, BARBARA ☐ DELETE
STREET ADDRESS 8725 N 52 ST
CITY-ST-ZIP TAMPA FL

☐ DELETE

☐ DELETE

1.1 TITLE SECRETARY ☐ Change ☒ Addition
1.2 NAME SANDY WILLIFORD
1.3 STREET ADDRESS 8002 EASTRICH COURT
1.4 CITY-ST-ZIP TEMPLE TERRACE, FL 33637

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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.

SIGNATURE:

Jack Hindle JACK HINDLE

7/1/98

813-984-6789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)