


FILE NOW: FILING FEE IS \$61.25

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

02-22-1999 90126 030 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 721173</b>					
1. Corporation Name <b>TEMPLE TERRACE YOUTH SPORTS ASSOCIATION, INC.</b>					
Principal Place of Business P O BOX 291251 TEMPLE TERRACE FL 33687			Mailing Address P O BOX 291251 TEMPLE TERRACE FL 33687		



2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>06/16/1971</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>23-7116238</b>	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24</b>		Country <b>25</b>		6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country <b>29</b>		Zip <b>30</b>		Trust Fund Contribution <input type="checkbox"/>	

9. Name and Address of Current Registered Agent <b>HINDLE, JACK 5205 E FLOWER AVE TEMPLE TERRACE FL 33617</b>				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>8002 EASTLEIGH COURT</b>			
				83			
				84 City <b>FL</b>			
				85 Zip Code <b>33687</b>			

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]* (NOTE: Registered Agent signature required when reinstating) DATE **1-4-99**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	S	DELETED	1.1 TITLE	TREASURE			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIFORD, SANDY		1.2 NAME	WILLIFORD, SANDY			
STREET ADDRESS	8002 E LEIGH CT		1.3 STREET ADDRESS				
CITY-ST-ZIP	TEMPLE TERRACE FL 33637		1.4 CITY-ST-ZIP				
TITLE	AT	<input checked="" type="checkbox"/> DELETED	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOLRIDGE, STANLEY		2.2 NAME				
STREET ADDRESS	8006 DORADO CT		2.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP				
TITLE	PD	<input type="checkbox"/> DELETED	3.1 TITLE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINDLE, JACK		3.2 NAME				
STREET ADDRESS	5205 E. FOWLER AVE 184		3.3 STREET ADDRESS	8002 EASTLEIGH COURT			
CITY-ST-ZIP	TEMPLE TERRACE FL		3.4 CITY-ST-ZIP	33687			
TITLE	D	<input type="checkbox"/> DELETED	4.1 TITLE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, BARBARA		4.2 NAME				
STREET ADDRESS	8723 N 52 ST		4.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	33617			
TITLE		<input type="checkbox"/> DELETED	5.1 TITLE	TRUSTEE			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			5.2 NAME	KEN WING			
STREET ADDRESS			5.3 STREET ADDRESS	9421 ALAN BROOK			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	TEMPLE TERRACE, FL			33637
TITLE		<input type="checkbox"/> DELETED	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 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE **1-4-99** DAYTIME PHONE # **813-984-6789**

CR2E037 (1/98)