

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90381 036 ***70.00

DOCUMENT # 721173

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



Principal Place of Business
**10115 MAIN STREET
THONOTOSASSA, FL 33592**

Mailing Address
**P O BOX 291251
TEMPLE TERRACE, FL 33687**

44040565



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

23-7116238

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMAS, BARBARA
8723 N. 52 STREET
TAMPA, FL 33617**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME THOMAS, BARBARA
STREET ADDRESS 8723 N 52 ST
CITY-ST-ZIP TAMPA, FL 33619 ☐ Delete

TITLE VD
NAME WING, KEN
STREET ADDRESS 11500 SUMMIT WEST BLVD. #7C
CITY-ST-ZIP TAMPA, FL 33617 ☐ Delete

TITLE TD
NAME HAYHURST, RICHARD
STREET ADDRESS 8614 CHINABERRY DRIVE
CITY-ST-ZIP TAMPA, FL 33637 ☐ Delete

TITLE SD
NAME JASINSKI, MICHELLE
STREET ADDRESS 11500 SUMMIT WEST BLVD. #8F
CITY-ST-ZIP TAMPA, FL 33617 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME JASINSKI, MICHELLE
STREET ADDRESS 9912 SIA FREDRICK STREET
CITY-ST-ZIP TAMPA, FL 33637 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RICHARD HAYHURST

4/27/2004

(813) 241-1519