


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 721173</b> 1. Entity Name TEMPLE TERRACE YOUTH SPORTS ASSOCIATION, INC.	
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Principal Place of Business 10115 MAIN STREET THONOTOSASSA, FL 33592	Mailing Address P O BOX 291251 TEMPLE TERRACE, FL 33687
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03312005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 23-7116238	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  THOMAS, BARBARA 8723 N. 52 STREET TAMPA, FL 33617
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, BARBARA 8723 N 52 ST TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WING, KEN 11500 SUMMIT WEST BLVD. #7C TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAYHURST, RICHARD 8614 CHINABERRY DRIVE TAMPA, FL 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JASINSKI, MICHELLE 9912 SIR FREDRICK STREET TAMPA, FL 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000288520  
04/05/05-80014-005 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Barbara Thomas 4-1-05 813-417-3957  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #