

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 15, 2006 8:00 am**  
**Secretary of State**

08-15-2006 90004 038 \*\*\*\*70.00

<b>DOCUMENT #721173</b> 1. Entity Name <b>TEMPLE TERRACE YOUTH SPORTS ASSOCIATION, INC.</b>					
Principal Place of Business <b>10115 MAIN STREET THONOTOSASSA, FL 33592</b>			Mailing Address <b>P O BOX 291251 TEMPLE TERRACE, FL 33687</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>THOMAS, BARBARA 8723 N. 52 STREET TAMPA, FL 33617</b>				Name <b>RICHARD HAYHURST</b> Street Address (P.O. Box Number is Not Acceptable) <b>8614 CHINABERRY DRIVE</b> City <b>TAMPA</b> <b>FL</b> Zip Code <b>33637</b>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;">           SIGNATURE:   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <b>RICHARD HAYHURST</b>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> <b>08/10/2006</b>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>THOMAS, BARBARA</b>		NAME	<b>RICHARD HAYHURST</b>	
STREET ADDRESS	<b>8723 N 52 ST</b>		STREET ADDRESS	<b>8614 CHINABERRY DRIVE</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33619</b>		CITY-ST-ZIP	<b>TAMPA, FL 33637</b>	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WING, KEN</b>		NAME	<b>BARBARA THOMAS</b>	
STREET ADDRESS	<b>11500 SUMMIT WEST BLVD. #7C</b>		STREET ADDRESS	<b>8723 N. 52. STREET</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33617</b>		CITY-ST-ZIP	<b>TAMPA, FL 33619</b>	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HAYHURST, RICHARD</b>		NAME	<b>LAURIE KINDLE</b>	
STREET ADDRESS	<b>8614 CHINABERRY DRIVE</b>		STREET ADDRESS	<b>9409 TIFFANY TERRACE</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33637</b>		CITY-ST-ZIP	<b>TAMPA, FL 33610</b>	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JASINSKI, MICHELLE</b>		NAME	<b>TAMMY HAYHURST</b>	
STREET ADDRESS	<b>9912 SIR FREDRICK STREET</b>		STREET ADDRESS	<b>8614 CHINABERRY DRIVE</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33637</b>		CITY-ST-ZIP	<b>TAMPA, FL 33637</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b>			<b>08/10/2006 (813) 241-1519</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		