


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2007 8:00 am
Secretary of State

08-20-2007 90054 024 ****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																																																																																																																																												
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																																													
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																													
City & State		City & State		4. FEI Number 23-7116238																																																																																																																																											
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																											
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																																																																																											
HAYHURST, RICHARD 8614 CHINABERRY DR TAMPA, FL 33637				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																																											
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																															
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																																											
				Make check payable to Florida Department of State																																																																																																																																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>HAYHURST, RICHARD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>8614 CHINABERRY DR TAMPA, FL 33637</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>THOMAS, BARBARA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8723 NORTH 52ND ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33619</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KINDLE, LAURIE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9409 TIFFANY TERRACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33610</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HAYHURST, TAMMY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8614 CHINABERRY DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33637</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Kindle, Laurie</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9409 Tiffany Terrace</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Tampa, FL 33610</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Hayhurst, Richard</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8614 Chinaberry Drive</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Tampa, FL 33637</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>McCall, Robin</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7018 Santa Ana Drive</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Tampa, FL 33617</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	HAYHURST, RICHARD		CITY-ST-ZIP	8614 CHINABERRY DR TAMPA, FL 33637		TITLE	VD	<input type="checkbox"/> Delete	NAME	THOMAS, BARBARA		STREET ADDRESS	8723 NORTH 52ND ST		CITY-ST-ZIP	TAMPA, FL 33619		TITLE	TD	<input type="checkbox"/> Delete	NAME	KINDLE, LAURIE		STREET ADDRESS	9409 TIFFANY TERRACE		CITY-ST-ZIP	TAMPA, FL 33610		TITLE	SD	<input type="checkbox"/> Delete	NAME	HAYHURST, TAMMY		STREET ADDRESS	8614 CHINABERRY DR		CITY-ST-ZIP	TAMPA, FL 33637		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Kindle, Laurie		STREET ADDRESS	9409 Tiffany Terrace		CITY-ST-ZIP	Tampa, FL 33610		TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Hayhurst, Richard		STREET ADDRESS	8614 Chinaberry Drive		CITY-ST-ZIP	Tampa, FL 33637		TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	McCall, Robin		STREET ADDRESS	7018 Santa Ana Drive		CITY-ST-ZIP	Tampa, FL 33617		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete																																																																																																																																													
STREET ADDRESS	HAYHURST, RICHARD																																																																																																																																														
CITY-ST-ZIP	8614 CHINABERRY DR TAMPA, FL 33637																																																																																																																																														
TITLE	VD	<input type="checkbox"/> Delete																																																																																																																																													
NAME	THOMAS, BARBARA																																																																																																																																														
STREET ADDRESS	8723 NORTH 52ND ST																																																																																																																																														
CITY-ST-ZIP	TAMPA, FL 33619																																																																																																																																														
TITLE	TD	<input type="checkbox"/> Delete																																																																																																																																													
NAME	KINDLE, LAURIE																																																																																																																																														
STREET ADDRESS	9409 TIFFANY TERRACE																																																																																																																																														
CITY-ST-ZIP	TAMPA, FL 33610																																																																																																																																														
TITLE	SD	<input type="checkbox"/> Delete																																																																																																																																													
NAME	HAYHURST, TAMMY																																																																																																																																														
STREET ADDRESS	8614 CHINABERRY DR																																																																																																																																														
CITY-ST-ZIP	TAMPA, FL 33637																																																																																																																																														
TITLE		<input type="checkbox"/> Delete																																																																																																																																													
NAME																																																																																																																																															
STREET ADDRESS																																																																																																																																															
CITY-ST-ZIP																																																																																																																																															
TITLE		<input type="checkbox"/> Delete																																																																																																																																													
NAME																																																																																																																																															
STREET ADDRESS																																																																																																																																															
CITY-ST-ZIP																																																																																																																																															
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																													
STREET ADDRESS																																																																																																																																															
CITY-ST-ZIP																																																																																																																																															
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																													
NAME	Kindle, Laurie																																																																																																																																														
STREET ADDRESS	9409 Tiffany Terrace																																																																																																																																														
CITY-ST-ZIP	Tampa, FL 33610																																																																																																																																														
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																													
NAME	Hayhurst, Richard																																																																																																																																														
STREET ADDRESS	8614 Chinaberry Drive																																																																																																																																														
CITY-ST-ZIP	Tampa, FL 33637																																																																																																																																														
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																													
NAME	McCall, Robin																																																																																																																																														
STREET ADDRESS	7018 Santa Ana Drive																																																																																																																																														
CITY-ST-ZIP	Tampa, FL 33617																																																																																																																																														
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																													
NAME																																																																																																																																															
STREET ADDRESS																																																																																																																																															
CITY-ST-ZIP																																																																																																																																															
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																													
NAME																																																																																																																																															
STREET ADDRESS																																																																																																																																															
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.																																																																																																																																															
SIGNATURE: <u><i>[Signature]</i></u> 9/15/2007 (813) 750-1850 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																															