## 2008 NOT-FOR-PROFIT CORPORATION

## Aug 01, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #721173** 08-01-2008 90039 049 \*\*\*\*70.00 TEMPLE TERRACE YOUTH SPORTS ASSOCIATION, INC. Principal Place of Business Mailing Address P O BOX 291251 10115 MAIN STREET THONOTOSASSA, FL 33592 TEMPLE TERRACE, FL 33687 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07152008 Chg-NP CR2E037 (12/06) 4. FEI Number 23-7116238 City & State City & State Applied For Not Applicable Country Zip Ziρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HAYHURST, RICHARD Street Address (P.O. Box Number is Not Acceptable) 8614 CHINABERRY DR **TAMPA, FL 33637** City Zip Code 8. The above named entity submits this statement for the purpose of changing its required office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered a SIGNATURE. Signature, typed or printed name of registered agent and time if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Due by September 12, 2008 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Delete Change | Addition TITLE TITLE HAYHURST, RICHARD NAME 8614 CHINABERRY DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33637** CITY-ST-ZIP Delete ☐ Change ¬Д☐ Addition TITLE VD THOMAS, BARBARA NAME Freddy Jackson 8723 NORTH 52ND ST STREET ADDRESS STREET ADDRESS 8710 Triple Oaks Road CITY-ST-ZIF TAMPA, FL 33619 CITY-ST-ZIP Tampa, FL 33637 ☐ Change TITLE 12 Detete TITLE Addition KINDLE, LAURIE NAME NAME 9409 TIFFANY TERRACE STREET ADDRESS STREET ADDRESS TAMPA, FL 33610 CITY-ST-ZIP CITY-ST-ZIP Change Addition SD TDDelete TITLE TITLE NAME HAYHURST, TAMMY Tanya Lopez 8614 CHINABERRY DR STREET ADDRESS STREET ADDRESS 10514 Bay Hills Circle **TAMPA, FL. 33637** CITY-ST-ZIP CITY-ST-ZIP Thonotosassa, FL 33592 ☐ Change ☐ Delete Addition TITLE MALAF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition nne ☐ Delete TITLE NAME NAME STREET ADDRESS 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

with all other like empg

SIGNATURE:

FILED

(813) 888- 8237