## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#730790** 

FILED Mar 26, 2009 Secretary of State

Entity Name: GREATER TEMPLE TERRACE CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business: New Principal Place of Business:** 9385 N 56 ST #101 TEMPLE TERRACE, FL 33617 **Current Mailing Address: New Mailing Address:** 9385 N 56 ST #101 TEMPLE TERRACE, FL 33617 FEI Number: 59-1539283 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MAXIMO, KRISTIN IWERKS, DOTTIE 5140 N. FOWLER AVENUE 7826 BULLARA DRIVE TAMPA, FL 33617 TAMPA, FL 33617 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. SIGNATURE: DOTTIE IWERKS 03/26/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition DONOHUE, CHERI Name: Name: 209 LINDA AVE Address: Address: City-St-Zip: TEMPLE TERRACE, FL 33617 City-St-Zip: Title: ( ) Delete Title: () Change () Addition RUSS, OBERBROECKLING Name: Name: Address: 3190 W. AZEELE STREET Address: City-St-Zip: TAMPA, FL 33609 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition LEE, BELL Name: Name: Address: 12814 N. 56TH ST. Address: City-St-Zip: TEMPLE TERRACE, FL 33617 City-St-Zip: ( ) Delete Title: SEC Title: () Change () Addition JAN, PORTER Name: Name: Address: 9385 N. 56TH ST. Address: City-St-Zip: TEMPLE TERRACE, FL 33617 City-St-Zip: Title: TREA ( ) Delete Title: TREA (X) Change ( ) Addition PHIL, LENTSCH Name: Name: KRISTIN, MAXIMO 5802 E. FOWLER AVE 3201 S. MACDILL AVENUE Address: Address: City-St-Zip: TEMPLE TERRACE, FL 33617 City-St-Zip: TAMPA, FL 33629 Title: () Delete Title: (X) Change ( ) Addition AARENE, ALESSI JOSEPH, WATERS FATHER Name: Name: 9715 N. 56TH ST. Address: 12401 N. 22ND STREET Address: TAMPA, FL 33612 TEMPLE TERRACE, FL 33617 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERI DONOHUE ED 03/26/2009