


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90078 012 \*\*\*\*61.25

<b>DOCUMENT # 753244</b> 1. Entity Name <b>TEMPLE TERRACE FRIENDSHIP CLUB, INC.</b>					
Principal Place of Business <b>11820 SOPHIA DR SUITE 2209 TEMPLE TERRACE, FL 33637 US</b>			Mailing Address <b>11820 SOPHIA DR SUITE 2209 TEMPLE TERRACE, FL 33637 US</b>		
2. Principal Place of Business - No P.O. Box # <b>720 Druid Hills Rd</b> Suite, Apt. #, etc.			3. Mailing Address <b>720 Druid Hills Rd.</b> Suite, Apt. #, etc.		
City & State <b>Temple Terrace, FL</b> Zip Country <b>33617-3810 Hillsb.</b>			City & State <b>Temple Terrace, FL</b> Zip Country <b>33617-3810 Hillsb.</b>		
4. FEI Number <b>NOT APPLICABLE</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>RICH, BONITA R 11820 SOPHIA DR SUITE 2209 TEMPLE TERRACE, FL 33637</b>			7. Name and Address of New Registered Agent Name <b>Lynn B. Martinez-McKinney</b> Street Address (P.O. Box Number is Not Acceptable) <b>720 Druid Hills Rd</b> City <b>Temple Terrace</b> <b>FL</b> Zip Code <b>33617</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.  SIGNATURE <b>Lynn B. Martinez-McKinney, Pres.</b> <i>[Signature]</i> <b>4-10-2007</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REICH, BONITA R 11820 SOPHIA DR # 2209 TEMPLE TERRACE, FL 33637	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D1VP MARTINEZ, LYNN 720 DAVID WILLS RD TEMPLE TERRACE, FL 33617	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D2VP SMITH, CLARANN 417 BANNOCKBURN AVE TEMPLE TERRACE, FL 33617	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D1VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D2VP Rosalie Waldon 12401 Pampas Pl Temple Terrace, FL 33617 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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> <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>4-10-2007 813985-1627</b> <small>Date Daytime Phone #</small>	

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