

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758204

FILED  
Jan 09, 2008  
Secretary of State

**Entity Name:** TEMPLE TERRACE SOCCER ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 16344  
TAMPA, FL 33687

**New Principal Place of Business:**

6610 WHITEWAY DRIVE  
TEMPLE TERRACE, FL 33617

**Current Mailing Address:**

P.O. BOX 16344  
TAMPA, FL 33687

**New Mailing Address:**

**FEI Number:** 59-2227026

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAYES, STEPHANIE  
6707 DUNES LANE  
TEMPLE TERRACE, FL 33617 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HAYES, STEPHANIE  
Address: 6707 DUNES LANE  
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: TD ( ) Delete  
Name: FERNANDEZ, ALISON  
Address: 6601 HEATHERTON  
City-St-Zip: TAMPA, FL 33617

Title: VP ( ) Delete  
Name: DOZARK, BRIAN  
Address: 520 GARRARD DRIVE  
City-St-Zip: TEMPLE TERRACE, FL 33617

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: ALISON M. FERNANDEZ

TD

01/09/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date