

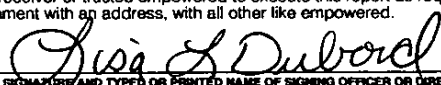


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90028 020 \*\*\*\*70.00

<b>DOCUMENT # N02000004341</b> 1. Entity Name <b>DO THE RIGHT THING OF TEMPLE TERRACE, INC.</b>					
Principal Place of Business <b>11250 NORTH 56TH STREET TEMPLE TERRACE, FL 33617</b>			Mailing Address <b>11250 NORTH 56TH STREET TEMPLE TERRACE, FL 33617</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>02-0548002</b>	
5. Certificate of Status Desired				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>DUBORD, LISA L 11250 NORTH 56TH STREET TEMPLE TERRACE, FL 33617</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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.</small>		DATE <b>1/20/05</b>	
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>VELONG, A.L.</b>		NAME		
STREET ADDRESS	<b>11250 NORTH 56TH STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TEMPLE TERRACE, FL 33617</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DUBORD, LISA L</b>		NAME		
STREET ADDRESS	<b>11250 NORTH 56TH STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TEMPLE TERRACE, FL 33617</b>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>STANTON, KEN</b>		NAME	<b>OFFICER D KAREN WALTER</b>	
STREET ADDRESS	<b>11250 NORTH 56TH STREET</b>		STREET ADDRESS	<b>11250 N. 56TH STREET</b>	
CITY-ST-ZIP	<b>TEMPLE TERRACE, FL 33617</b>		CITY-ST-ZIP	<b>Temple Terrace, FL 33617</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>STEVANUS, GREG</b>		NAME		
STREET ADDRESS	<b>11250 NORTH 56TH STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TEMPLE TERRACE, FL 33617</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:		 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <b>1/20/05</b>	
				Daytime Phone # <b>813 984-7006</b>	

**50006981**



01052005 Chg-NP CR2E037 (10/03)