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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 POCUMENT #

(8)

FRIENDS OF THE TEMPLE TERRACE RECREATION DEPARTM

| ENT, INC. | | | | | | | | | | | | |
|---------------------------------------------------------------|-------------------------|----------------------------------|---------------------------------------------------------------|---------------------|-------------------------|---------------------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------|-----------------------------------------|--|
| Principal Pla | ce of Business | | Malling Address | | | | | - | .H 01110 0111 01110 H. | I SIDIF BISII DIDII I | F#### # ############################## | |
| % CAROL EASTON 6261 DEWDROP WAY TEMPLE TERRACE FL 33617 | | | % CAROL EASTON 6261 DEWDROP WAY TEMPLE TERRACE FL 33617 | | | | | 3. Date Incorporated or Qualified 04/20/1984 4. FEI Number Applied For | | | | |
| 2. Principal (| Place of Busine | 988 | I 2a. Malling | 2a. Malling Address | | | | 59-2414484 | | | lot Applicable | |
| 21 | | | | 26 | | | | 5. Certificate of Status Desir | red 🔲 | | Additional Required | |
| Suite, Apt | . #, etc. | | Suite, A | Suite, Apt. #, etc. | | | | 6. Election Campaign Finan | cing | | May Be | |
| 22 | | | 27 | <u> </u> | | | | Trust Fund Contribution Added to Fees | | | | |
| City & Sta | ite | | | City & State | | | | 7. Is this nonprofit corporation a homeowners association? | | | | |
| Zip | | | | Zip Cou | | | | | ☐ Yes | | | |
| 24 | 26 | | <u> </u> | 29 30 | | Country | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No | | | | |
| 9. Name and Address of Current Registered Agent | | | | | | | | 10. Name and Address of N | | | | |
| | | | | | | Nam | 6 | | | | | |
| EASTON, CAROL | | | | | 8: | 2 Stree | t Addre | ss (P.O. Box Number is Not Ac | ceptable) | | | |
| 6261 DEW DROP WAY TEMPLE TERRACE FL 33617 | | | | | | <u> </u> | | | | | | |
| APMI OF LELIGIANT LE 02015 | | | | | | | | | | | | |
| | | • | | | 84 | City | | | F | EL 85 Zip | Code | |
| SIGNATURE | | r printed name of registered age | ent and title if applicable | | : Registered A | $\mathbf{z}_{\mathbf{X}}$ | UUU | oration submits this statement for on's board of directors. I hereby the directors of the | DATI | | | |
| TITLE | 0,,,02,,07, | | | D DIRECTORS | | 13. | | ADDITIONS/CHANGES TO | OFFICERS A | AND DIRECTOR Change | RS IN 12 | |
| NAME | EASTON, | CAROL | • | 1 Derese | 1.1 TITLE 1.2 NAME | | | | | ☐ Cuange | L. Addition | |
| STREET ADDRESS | I | V DROP WAY | | | | 1.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | TERRACE FL | | | | 1.4 City-St-Zip | | | | | | |
| TITLE | SVD | | | DELETE | 2.1 TITLE | | | | | ☐ Change | ☐ Addition | |
| NAME | SAUNDER | RS, KATY | | | 2.2 NAME | | 1 | | | | | |
| STREET ADDRESS | 516 COACH LANE | | | | 2.3 STREET ADDRESS | | 3 | | | | İ | |
| CITY-ST-ZIP | TEMPLE TERRACE FL 33617 | | | | 2.4 CITY-ST-ZIP | | | | s.a | | | |
| TITLE | VO | | | DEFELE | 3.1 TITLE | | | | | ☐ Change | ☐ Addition | |
| NAME | CHAMBERS, JAMES A. SR. | | | | 3.2 NAME | | | | | | | |
| STREET ADDRESS 6203 WHITEWAY DR. CITY-ST-7P TEMPLE TERRACE FL | | | | | 3.3 STREET ADDRESS | | i | | | | | |
| CITY-ST-ZIP | | ERHAUE FL | | DELETE | 3.4, CITY | | _ | | | | [7] 1 4 4 M = - | |
| TITLE | TD SALINDED | E DANIEL M | l | DELETE | 4.1 TITLE | | | | | Change | ☐ Addition | |
| NAME PROFES ADDRESS | | RS, DANIEL M. D HILLS ROAD | | | 4. 2 NAMI | - | | | | | | |
| STREET ADDRESS | | TERRACE FL | | | | T ADDRESS | · | | | | ļ | |
| CITY-ST-ZIP | I LIMPUE I | LINNOC PL | | DELETE | 4.4 CITY - 5.1 TITLE | | + | | | Change | Addition | |
| NAME | | | ' | - VICEIL | 5.1 IIILE 5.2 NAME | | | | | | //000001 | |
| i in comme | I | | | | O'C LIMAN | | 1 | | | | | |

CITY-ST-ZIP 14. Thereby 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 annual report or supplemental annual 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 12 or Block 13 if changed on an attachment with an address.

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

☐ DELETE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

FILED

May 01 1998 8:00am

Secretary of State

Addition