

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90413 013 ****61.25

DOCUMENT # N02668

1. Entity Name
TEMPLE TERRACE COMMUNITY ARTS FESTIVAL, INC.



Principal Place of Business
**POST OFFICE BOX 291266
TEMPLE TERRACE, FL 33687**

Mailing Address
**POST OFFICE BOX 291266
TEMPLE TERRACE, FL 33687**

50012864



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04112006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-2728832

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**OBREGON, SUSAN
334 SUNNYSALE ROAD
TEMPLE TERRACE, FL 33617**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DV** ☒ Delete
NAME **WOODARD, KIM**
STREET ADDRESS **417 FOREST PARK AV**
CITY-ST-ZIP **TAMPA, FL 33617**

TITLE **S** ☐ Delete
NAME **HUTSON, NANCY**
STREET ADDRESS **406 MISSION HILLS AVE**
CITY-ST-ZIP **TEMPLE TERRACE, FL 33617**

TITLE **T** ☒ Delete
NAME **MCCLUNG-WARD, MARGARET**
STREET ADDRESS **339 GLEN OAKS AVE**
CITY-ST-ZIP **TEMPLE TERRACE, FL 33617**

TITLE **VP** ☒ Delete
NAME **BECKMAN, LINDA**
STREET ADDRESS **610 HALLIEWOOD**
CITY-ST-ZIP **TEMPLE TERRACE, FL 33617**

TITLE **P** ☒ Delete
NAME **OBREGON, SUSAN**
STREET ADDRESS **334 SUNNYSALE ROAD**
CITY-ST-ZIP **TEMPLE TERRACE, FL 33617**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Director** ☒ Change ☐ Addition
NAME **Beckman, Linda**
STREET ADDRESS **610 Halliewood**
CITY-ST-ZIP **Temple Terrace, FL 33617**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Treasurer** ☒ Change ☐ Addition
NAME **Robertson, Patti**
STREET ADDRESS **8632 Cattail Dr.**
CITY-ST-ZIP **Temple Terrace, FL 33637**

TITLE **VICE-PRESIDENT** ☒ Change ☐ Addition
NAME **Obregon, Susan**
STREET ADDRESS **334 Sunnysale Road**
CITY-ST-ZIP **Temple Terrace, FL 33617**

TITLE **President** ☒ Change ☐ Addition
NAME **Beckman, Linda**
STREET ADDRESS **610 Halliewood**
CITY-ST-ZIP **Temple Terrace, FL 33617**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: *Patti Robertson* **Patti Robertson**

4/11/06

Date

(813) 988-4848

Daytime Phone #