

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90101 044 ****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 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-2728832 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| OBREGON, SUSAN 334 SUNNYSALE ROAD TEMPLE TERRACE, FL 33617 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BECKMAN, LINDA | | NAME | | |
| STREET ADDRESS | 610 HALLIEWOOD | | STREET ADDRESS | | |
| CITY-ST-ZIP | TEMPLE TERRACE, FL 33617 | | CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HUTSON, NANCY | | NAME | | |
| STREET ADDRESS | 406 MISSION HILLS AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | TEMPLE TERRACE, FL 33617 | | CITY-ST-ZIP | | |
| TITLE | T | <input checked="" type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | ROBERTSON, RA | | NAME | TREASURER ANNE GREEN | |
| STREET ADDRESS | 8632 CATTAIL DR. | | STREET ADDRESS | 6811 MONET CIRCLE | |
| CITY-ST-ZIP | TEMPLE TERRACE, FL 33617 | | CITY-ST-ZIP | TEMPLE TERRACE, FL 33617 | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | OBREGON, SUSAN | | NAME | | |
| STREET ADDRESS | 334 SUNNYSALE RD | | STREET ADDRESS | | |
| CITY-ST-ZIP | TEMPLE TERRACE, FL 33617 | | CITY-ST-ZIP | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BECKMAN, LINDA | | NAME | | |
| STREET ADDRESS | 610 HALLIEWOOD | | STREET ADDRESS | | |
| CITY-ST-ZIP | TEMPLE TERRACE, FL 33617 | | 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 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: <i>Linda S. Beckman</i> | | | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | DATE 4/30/07 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | DAYTIME PHONE # 813-404-3171 | | |