

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90065 007 ****70.00

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			
Zip	Country	Zip	Country	4. FEI Number 59-2728832	
				5. Certificate of Status Desired <input checked="" 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 LAWSON LINDA Street Address (P.O. Box Number is Not Acceptable) 306 N GLEN ARVEN AVE TEMPLE TERRACE, FL 33617 City FL Zip Code 33617		
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 LINDA D. LAWSON TREASURER April 18 2008 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	S HUTSON, NANCY 406 MISSION HILLS AVE TEMPLE TERRACE, FL 33617	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GREENE, ANN E 6811 MONET CIRCLE TEMPLE TERRACE, FL 33617	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OBREGON, SUSAN 334 SUNNYSALE RD TEMPLE TERRACE, FL 33617	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BECKMAN, LINDA 610 HALLIEWOOD TEMPLE TERRACE, FL 33617	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAWSON, LINDA 306 N GLEN ARVEN AVE TEMPLE TERRACE, FL 33617	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: LINDA D. LAWSON 18 April 2008 813-431-3537 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					