2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# N02668

Entity Name: TEMPLE TERRACE COMMUNITY ARTS FESTIVAL, INC.

Current Principal Place of Business:

POST OFFICE BOX 291266
TEMPLE TERRACE, FL 33687

New Principal Place of Business:

6610 E WHITEWAY DR
TEMPLE TERRACE, FL 33617 US

Current Mailing Address:

POST OFFICE BOX 291266
TEMPLE TERRACE, FL 33687

New Mailing Address:

POST OFFICE BOX 291266
TEMPLE TERRACE, FL 33687 US

FEI Number: 59-2728832 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAWSON, LINDA
306 N GLEN ARVEN AVE
TEMPLE TERRACE, FL 33617 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	S	( ) Delete
Name:	HUTSON, NANCY	
Address:	406 MISSION HILLS AVE	
City-St-Zip:	TEMPLE TERRACE, FL 33617	
Title:	VP	( ) Delete
Name:	GREENE, ANN E	
Address:	6811 MONET CIRCLE	
City-St-Zip:	TEMPLE TERRACE, FL 33617	
Title:	P	( ) Delete
Name:	NEALE, MARY JANE	
Address:	11861 WILDFLOWER PL	
City-St-Zip:	TEMPLE TERRACE, FL 33617	
Title:	T	( ) Delete
Name:	LAWSON, LINDA	
Address:	306 N GLEN ARVEN AVE	
City-St-Zip:	TEMPLE TERRACE, FL 33617	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA LAWSON T 04/06/2009

Electronic Signature of Signing Officer or Director — Date