2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2009
Secretary of State

DOCUMENT# N04000010777

Entity Name: FRIENDS OF TEMPLE TERRACE PARKS AND RECREATION DEPARTMENT, INC.

Current Principal Place of Business:

6610 WHITEWAY DRIVE
TEMPLE TERRACE, FL 33617

New Principal Place of Business:

Current Mailing Address:

6610 WHITEWAY DRIVE
TEMPLE TERRACE, FL 33617

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENWAY, ROBERT E M.D.
1225 N RIVERHILLS DR
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: PD ( ) Delete
Name: LATINA, ALBERT A
Address: 7002 DOREEN STREET
City-St-Zip: TAMPA, FL 33617

Title: VP ( ) Delete
Name: THATCHER, DAVID \
Address: 10006 N 29TH ST
City-St-Zip: TAMPA, FL 33612

Title: S/T ( ) Delete
Name: CLARK, DON W
Address: 437 BIVERHILLS DR.S.
City-St-Zip: TEMPLE TERRACE, FL 33617 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BROWN, CLIFF
Address: 403 BELVEDERE OVAL
City-St-Zip: TEMPLE TERRACE, FL 33617 US

Title: VP (X) Change ( ) Addition
Name: THATCHER, DAVID
Address: 10006 N 29TH ST
City-St-Zip: TAMPA, FL 33612 US

Title: S/T (X) Change ( ) Addition
Name: CLARK, DON
Address: 437 RIVERHILLS DR.S.
City-St-Zip: TEMPLE TERRACE, FL 33617 US

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: CLIFF BROWN PD 03/22/2009

Electronic Signature of Signing Officer or Director — Date