## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000010478

FILED Jan 19, 2009 Secretary of State

Entity Name: TEMPLE TERRACE GYMNASTICS PARENT ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6610 E. WHITEWAY DR. TEMPLE TERRACE, FL 33617

Current Mailing Address: New Mailing Address:

6610 E. WHITEWAY DR. TEMPLE TERRACE, FL 33617

FEI Number: 42-1685677 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HAMMONTREE, MARGARET CHRISTIAN, DAWN 105 S. GLEN ARVEN AVENUE 8504 RENALD BLVD. TEMPLE TERRACE, FL 33617 US TAMPA, FL 33637 US

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: DAWN CHRISTIAN 01/19/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: HAMMONTREE, MARGARET Name: DAMJANOVIC, TORI Address: 9308 DEER CREEK DR.

Address: 105 S. GLEN ARVEN AVENUE Address: 9308 DEER CREEK DF
City-St-Zip: TEMPLE TERRACE, FL 33617 City-St-Zip: TAMPA, FL 33647

Title: V ( ) Delete Title: V (X) Change ( ) Addition Name: EBANKS, CHISOLM Name: KRUEGER, LYNDA

 Address:
 11707 NORTH DRIVE
 Address:
 9310 DEER CREEK DR.

 City-St-Zip:
 TEMPLE TERRACE, FL 33617
 City-St-Zip:
 TAMPA, FL 33647

Title: S ( ) Delete Title: S (X) Change ( ) Addition

 Name:
 CHRISTIAN, DAWN
 Name:
 SCIMECA, LEILANI

 Address:
 8504 RENALD BLVD
 Address:
 6608 BAYBROOKS CIR.

 City-St-Zip:
 TEMPLE TERRACE, FL 33637
 City-St-Zip:
 TEMPLE TERRACE, FL 33617

 Name:
 HANKIN, JOELLIE
 Name:
 CHRISTIAN, DAWN

 Address:
 9702 CYPRESS POND AVENUE
 Address:
 8504 RENALD BLVD

 City-St-Zip:
 TAMPA, FL 33647
 City-St-Zip:
 TAMPA, FL 33637

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: DAWN CHRISTIAN T 01/19/2009