

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001844

FILED
May 06, 2009
Secretary of State

Entity Name: TEMPLE TERRACE GARDEN CLUB, INC.

Current Principal Place of Business:

C/O WOODMONT CLUBHOUSE
415 WOODMONT AVENUE
TEMPLE TERRACE, FL 33617

New Principal Place of Business:

TEMPLE TERRACE GARDEN CLUB
415 WOODMONT AVENUE
TEMPLE TERRACE, FL 33617 US

Current Mailing Address:

C/O WOODMONT CLUBHOUSE
415 WOODMONT AVENUE
TEMPLE TERRACE, FL 33617

New Mailing Address:

TEMPLE TERRACE GARDEN CLUB
415 WOODMONT AVENUE
TEMPLE TERRACE, FL 33617 US

FEI Number: 55-0916956 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GREVENCAMP, MARY
608 HERCHEL DR
TEMPLE TERRACE, FL 336173857 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: P () Delete
Name: GREVENCAMP, MARY
Address: 608 HERCHEL DR
City-St-Zip: TEMPLE TERRACE, FL 336173857

Title: V () Delete
Name: BOSEK, IRENE
Address: 10905 VICTORIA ARBOR WAY
City-St-Zip: TAMPA, FL 336173141

Title: T () Delete
Name: WHITE, ANN
Address: 201 DRUID HILLS ROAD
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:

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: MARY GREVENCAMP

P

05/06/2009

Electronic Signature of Signing Officer or Director

Date