

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90033 019 \*\*\*\*61.25

**DOCUMENT # N11194**

1. Entity Name  
**TEMPLE TERRACE PRESBYTERIAN CHURCH, INC.**



Principal Place of Business  
**420 BULLARD PKWY  
TEMPLE TERRACE, FL 33617**

Mailing Address  
**420 BULLARD PKWY  
TEMPLE TERRACE, FL 33617**



01222008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0998619**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HOLT  
HOLT, ROBERT N JR.  
6408 S. QUEENSWAY DR.  
TEMPLE TERRACE, FL 33617**

**DO NOT WRITE  
IN THIS SPACE**

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

*[Signature]*

**Robert N. Hoit Jr**

**3/17/08**

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PDT  
CRACKOW, FRED  
9213 HOLLYRIDGE PL  
TEMPLE TERRACE, FL 33637**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SDT  
THANASIDES, PAUL  
9303 WOODLAND RIDGE DR  
TEMPLE TERRACE, FL 33637**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TDT  
CLARK, LOUISE  
5206 E. 127TH AVE.  
TEMPLE TERRACE, FL 33617**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
WHITE, ANN  
201 DRUID HILLS RD.  
TEMPLE TERRACE, FL 33617**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*[Signature]*

**Kathleen Feicke**

**3/17/08 813-988-3514**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #