FILE NOW: FILING FEE IS $61.25

FILED
Mar 09, 1999 8:00 am
Secretary of State
03-09-1999 90024 012 ****61.25

004310B

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N26421**

1. Corporation Name

THE GREATER THONOTOSASSA CIVIC ASSOCIATION, INC.

Principal Place of Business	*Mailing Address*
PO BOX 1221 THONOTOSASSA FL 33592	PO BOX 1221 THONOTOSASSA FL 33592

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/12/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2956455 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

TERRELL, MARTHA
10060 HARNEY RD.
THONOTOSASSA FL 33592

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LILLIAN STARK		1.2 NAME	
STREET ADDRESS	6305 EUREKA SPRINGS RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ANN FABEL		2.2 NAME	
STREET ADDRESS	12419 PALM TREE DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	THONOTOSASSA FL		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TERRELL, MARTHA		3.2 NAME	
STREET ADDRESS	10060 HARNEY RD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	THONOTOSASSA FL 33592		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	PATRICIA ROGERS		4.2 NAME	
STREET ADDRESS	12422 PALM TREE DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	THONOTOSASSA FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BENNETT, RICHARD		5.2 NAME	
STREET ADDRESS	4001 MCLANE DR.		5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MEIER, DUANE		6.2 NAME	
STREET ADDRESS	10512 PHLOX GL. LN. S.		6.3 STREET ADDRESS	
CITY-ST-ZIP	THONOTOSASSA FL 33592		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Martha Terrell SIGNATURE REQUIRED MARTHA TERRELL 2-11-99 813-986-1005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #