

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90022 005 ****61.25

DOCUMENT # N26421

1. Entity Name

THE GREATER THONOTOSASSA CIVIC ASSOCIATION, INC.



Principal Place of Business

PO BOX 1221
THONOTOSASSA FL 33592

Mailing Address

PO BOX 1221
THONOTOSASSA FL 33592

34005096



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2956455

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TERRELL, MARTHA
10060 HARNEY RD.
THONOTOSASSA FL 33592

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **LILLIAN STARK**
STREET ADDRESS **6305 EUREKA SPRINGS RD**
CITY-ST-ZIP **TAMPA FL**

TITLE **VP** ☐ Delete
NAME **ANN FABEL**
STREET ADDRESS **12419 PALM TREE DRIVE**
CITY-ST-ZIP **THONOTOSASSA FL**

TITLE **ST** ☐ Delete
NAME **TERRELL, MARTHA**
STREET ADDRESS **10060 HARNEY RD.**
CITY-ST-ZIP **THONOTOSASSA FL 33592**

TITLE **D** ☒ Delete
NAME **O'BRYNE, PAUL**
STREET ADDRESS **12406 KELLY PLACE**
CITY-ST-ZIP **THONOTOSASSA FL 33592**

TITLE **D** ☐ Delete
NAME **COWER, LOUISE**
STREET ADDRESS **10606 OHIO AVE**
CITY-ST-ZIP **THONOTOSASSA FL 33592**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D PAT ROGERS**
STREET ADDRESS **12422 PALM TREE DR.**
CITY-ST-ZIP **THONOTOSASSA, FL 33592**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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: MARTHA TERRELL / Martha Terrell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-04

Date

813-986-1005

Daytime Phone #