## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 07, 2005 8:00 am Secretary of State DOCUMENT # N26421 1. Entity Name 02-07-2005 90072 015 \*\*\*\*61.25 THE GREATER THONOTOSASSA CIVIC ASSOCIATION, Principal Place of Business Mailing Address PO BOX 1221 PO BOX 1221 THONOTOSASSA FL 33592 THONOTOSASSA FL 33592 40014384 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 59-2956455 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TERRELL, MARTHA Street Address (P.O. Box Number is Not Acceptable) 10060 HARNEY RD. THONOTOSASSA FL 33592 City 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 K. \$12.500 (10.74) 10.7672 (17. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS TITLE TITLE ☐ Change X Addition ☐ Delete DIRECTOR LILLIAN STARK NAME NAME BRULE ULDS 6305 EUREKA SPRINGS RD STREET ADDRESS STREET ADDRESS 12203 ELSMERECT. TAMPA FL CITY-ST-ZIP CITY-ST-ZIP HONOTOJASSA, FL VΡ ☐ Change TITLE Detete DIRECTOR Addition ANN FABEL WARREN GOODELL NAME 12419 PALM TREE DRIVE STREET ADDRESS STREET ADDRESS 10710 CAPT. HOOK CIR THONOTOSASSA FL CITY-ST-ZIP CITY-ST-ZIP THONOTOSASSA, FL 33511 Delete TITLE Change ☐ Addition TITLE TERRELL, MARTHA NAME NAME 10060 HARNEY RD. STREET ADDRESS STREET ADDRESS THONOTOSASSA FL 33592 CITY-ST-ZIP CITY-ST-7/P ☐ Change ☐ Addition TITLE ☐ Defete TITLE ROGERS, PAT NAME NAME 12422 PALM TREE DR. STREET ADDRESS STREET ADDRESS THONOTOSASSA FL 33592 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change COWER, LOUISE NAME NAME 10606 OHIO AVE STREET ADDRESS STREET ADDRESS THONOTOSASSA FL 33592 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SIGNING OFFICER OR DIRECTOR

**FILED**