

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2008 08:00 AM
Secretary of State

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**



01142008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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
**P
LILLIAN STARK
6305 EUREKA SPRINGS RD
TAMPA, FL**

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000788333
01/18/08-80037-005 61.25

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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: *Martha Terrell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-08

Date

813-986-1005

Daytime Phone #