

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26421

FILED  
Mar 20, 2009  
Secretary of State

**Entity Name:** THE GREATER THONOTOSASSA CIVIC ASSOCIATION, INC.

**Current Principal Place of Business:**

PO BOX 1221  
THONOTOSASSA, FL 33592

**New Principal Place of Business:**

10060 HARNEY RD.  
THONOTOSASSA, FL 33592

**Current Mailing Address:**

PO BOX 1221  
THONOTOSASSA, FL 33592

**New Mailing Address:**

**FEI Number:** 59-2956455      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TERRELL, MARTHA  
10060 HARNEY RD.  
THONOTOSASSA, FL 33592      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: LILLIAN STARK,  
Address: 6305 EUREKA SPRINGS RD  
City-St-Zip: TAMPA, FL

Title: VP      ( ) Delete  
Name: ANN FABEL,  
Address: 12419 PALM TREE DRIVE  
City-St-Zip: THONOTOSASSA, FL

Title: ST      ( ) Delete  
Name: TERRELL, MARTHA  
Address: 10060 HARNEY RD.  
City-St-Zip: THONOTOSASSA, FL 33592

Title: D      ( ) Delete  
Name: ROGERS, PAT  
Address: 12422 PALM TREE DR.  
City-St-Zip: THONOTOSASSA, FL 33592

Title: D      ( ) Delete  
Name: GOWER, LOUISE  
Address: 10606 OHIO AVE  
City-St-Zip: THONOTOSASSA, FL 33592

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTHA TERRELL

ST

03/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date