


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90079 007 ****61.25

DOCUMENT # N27355 1. Entity Name PLEASANT TERRACE CIVIC ASSOCIATION, INC.					
Principal Place of Business 12210 52ND ST TEMPLE TERRACE, FL 33617			Mailing Address 12210 52ND ST TEMPLE TERRACE, FL 33617 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3028972	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHEFFIELD, SHARON L 12210 52ND ST TAMPA, FL 33617			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HANKENSON, CRAIG <input type="checkbox"/> Delete 5109 OAKHAVEN LANE TEMPLE TERRACE, FL 33617				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GILES, JOHN <input checked="" type="checkbox"/> Delete 11712 N 51ST ST TEMPLE TERRACE, FL 33617				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FALTER, EDNA LOU <input checked="" type="checkbox"/> Delete 12708 N 52ND ST TEMPLE TERRACE, FL 33617				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHEFFIELD, SHARON L <input type="checkbox"/> Delete 12210 52ND ST TEMPLE TERRACE, FL 33617				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, FRANK <input checked="" type="checkbox"/> Delete 5004 GAINSVILLE DRIVE TEMPLE TERRACE, FL 33617				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINGAR, ROGER <input type="checkbox"/> Delete 11812 51ST STREET TEMPLE TERRACE, FL 33617				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Frank Moore <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11801 51st St. Temple Terrace, FL 33617				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Annette Ward <input type="checkbox"/> Change <input type="checkbox"/> Addition 11709 51st St. Temple Terrace, FL 33617				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carolyn Waters <input type="checkbox"/> Change <input type="checkbox"/> Addition 5113 122nd Ave. Temple Terrace, FL, 33617				
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: <u>Sharon L Sheffield</u> Sharon L Sheffield 4/30/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					