

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27355

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** PLEASANT TERRACE CIVIC ASSOCIATION, INC,

**Current Principal Place of Business:**

12210 52ND ST  
TEMPLE TERRACE, FL 33617

**New Principal Place of Business:**

**Current Mailing Address:**

12210 52ND ST  
TEMPLE TERRACE, FL 33617 US

**New Mailing Address:**

**FEI Number:** 59-3028972      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SHEFFIELD, SHARON L  
12210 52ND ST  
TAMPA, FL 33617 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: VD ( ) Delete  
Name: MILLER, TOM  
Address: 5002 GAINSVILLE DR.  
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: P ( ) Delete  
Name: MOORE, FRANK  
Address: 11801 51ST ST.  
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: SD ( ) Delete  
Name: WARD, ANNETTE  
Address: 11709 51ST ST.  
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: TD ( ) Delete  
Name: SHEFFIELD, SHARON L  
Address: 12210 52ND ST  
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: D ( ) Delete  
Name: WATERS, CAROLYN  
Address: 5113 122ND AVE  
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: D ( ) Delete  
Name: FINGAR, ROGER  
Address: 11812 51ST STREET  
City-St-Zip: TEMPLE TERRACE, FL 33617

**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:

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: SHARON L. SHEFFIELD

TD

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date