2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51283

FILED Jun 09, 2008 Secretary of State

Entity Name: GFWC TEMPLE TERRACE SERVICE LEAGUE, INC.

Current Principal Place of Business: New Principal Place of Business:

9385 N. 56TH ST

TEMPLE TERRACE, FL 33617 US

Current Mailing Address: New Mailing Address:

P.O. BOX 292793

TEMPLE TERRACE, FL 336876147 US

FEI Number: 59-3158383 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

PERLMAN, GEORGENE MRS.

6003 SOARING AVENUE

DONOHUE, CHERI MRS.

209 LINDA AVENUE

TEMPLE TERRACE, FL 33617 US TEMPLE TERRACE, FL 33617 US

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: CHERI DONOHUE 06/09/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V () Delete Title: PRES (X) Change () Addition

 Name:
 CALTAGIRONÉ, SHARON
 Name:
 CALTAGIRONE, SHARON

 Address:
 9385 N 56TH ST
 Address:
 3313 PINE RUN LANE

 City-St-Zip:
 TEMPLE TERRACE, FL 33617 US
 City-St-Zip:
 LUTZ, FL 33559 US

Name: FERKING, JÈN Name: FERKING, JÈN Address: 7817 CAPWOOD Address: 7817 CAPWOOD

City-St-Zip: TEMPLE TERRACE, FL 33617 US City-St-Zip: TEMPLE TERRACE, FL 33617 US

Title: T () Delete Title: TRES (X) Change () Addition

 Name:
 CAMPBELL, KRISTI
 Name:
 DONOHUE, CHERI

 Address:
 7110 LAUDER PL
 Address:
 209 LINDA AVENUE

City-St-Zip: TAMPA, FL 33617 US City-St-Zip: TEMPLE TERRACE, FL 33617 US

Title: S () Delete Title: VP (X) Change () Addition Name: DONOHUE, CHERI MRS. Name: WALKER, NORMA MRS.

Address: 209 LINDA AVENUE Address: 10510 CORY LAKE DR.
City-St-Zip: TEMPLE TERRACE, FL 33617 US City-St-Zip: TAMPA, FL 33647 US

Title: () Delete Title: SEC () Change (X) Addition

 Name:
 Name:
 LONG, ANITA MRS.

 Address:
 Address:
 7601 LEAON AVENUE

 City-St-Zip:
 City-St-Zip:
 TAMPA, FL 33617

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: CHERI DONOHUE TRES 06/09/2008