

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000001952 (0)

1. Corporation Name

TEMPLE CREST CIVIC CLUB, INC.

Principal Place of Business

4242 E. MILLER AVE.  
TAMPA FL 33617

Mailing Address

4242 E. MILLER AVE.  
TAMPA FL 33617

FILED  
Jan 25, 1996 08:00 AM  
Secretary of State



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/20/1994

3a. Date of Last Report

03/06/1995

4. FEI Number

59-3229689

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

DENNISCO, CAMELLA L  
4221 S SANDALWOOD CIRCLE  
TAMPA FL 33617

81

Name

Camella L. Dennis

82

Street Address (P.O. Box Number is Not Acceptable)

4809 E. Busch Blvd #104

83

84

City

Tampa

FL

85

Zip Code

33617

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Camella L. Dennis*

1/17/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
HERRING, BRYAN  
STREET ADDRESS  
8709 ORANGEVIEW AVENUE  
CITY-ST-ZIP  
TAMPA FL 33617

TITLE ☐ DELETE

NAME  
DAUSMAN, JOHN  
STREET ADDRESS  
4703 RIVERHILLS DRIVE  
CITY-ST-ZIP  
TAMPA FL 33617

TITLE ☐ DELETE

NAME  
PEARCE, JOYCE  
STREET ADDRESS  
8309 TEMPLE PLACE  
CITY-ST-ZIP  
TAMPA FL 33617

TITLE ☐ DELETE

NAME  
DENNIS, CAMELLA  
STREET ADDRESS  
4221 S. SANDALWOOD CR.  
CITY-ST-ZIP  
TAMPA FL 33617

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
PD  
Dausman, John  
4703 Riverhills Dr. Tpa, Fla. 33617

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
VD  
Herring, Judy  
8709 Orangeview Av.  
Tampa, Fla. 33617

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
DS  
Boardman, Sunny  
8713 Orangeview DR.  
Tampa, Fla. 33617

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
DT  
Clark, Michelle  
4821 Regnas Av.  
Tampa, Fla. 33617

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michelle Clark

*Michelle Clark*

1/18/96 813-935-4085

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR00037 (12/95)