FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N94000001952 (0) DOCUMENT

TEMPLE CREST CIVIC CLUB, INC.

Principal Place of Business Mailing Address 4242 E. MILLER AVE. 4242 E. MILLER AVE. TAMPA FL 33617 TAMPA FL 33617-7422 3a. Date of Last Report 01/25/1996 3. Date Incorporated or Qualified 04/20/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3229689 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 Yes No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name DENNIS, CAMELLA L 82 Street Address (P.O. Box Number is Not Acceptable) 4809 E. BUSCH BLVD. #104 83 **TAMPA FL 33617** Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD DELETE Addition TITLE 1.1 TITLE Change DAUSMAND, JOHN NAME 1.2 NAME 4703 RIVERHILLS DR. STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY - ST- ZIP Change VD. ■ DELETE Addition TITLE 2.1 TITLE HERRING, JUDY NAME 2.2 NAME 8709 ORANGEVIEW AVE. STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition **BOARDMAN, SUNNY** NAME 3.2 NAME 8713 ORANGEVIEW DR. STREET ADDRESS 3.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE Addition 4.1 TITLE ☐ Change **CLARK MICHELLE** NAME 4. 2 NAME 4821 REGNAS AVE. STREET ADDRESS 4.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Addition 5.1 TITLE Change DENNIS, CAMELLAL NAME 5.2 NAME 4409 E. BUS H BLVD # 104 STREET ADDRESS 5.3 STREET ADDRESS TAMPA, FLA 33617 CITY-ST-7IP 5.4 CITY-ST-ZIP TITLE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

6.4 CITY-ST-ZIP I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CITY-ST-ZIP

2-16-97 813-989-3552

FILED

Feb 21 1997 8:00am

Secretary of State