FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9400001952

FILED Feb 21, 1999 8:00 am § Secretary of State

02-21-1999 90057 040 ****61.25

Corporation	n Name	700 100 <u>L</u>						
TEMPLE CREST CIVIC CLUB, INC.						JUUJ7 - 4U		
I CIVIL CE	0,1201 0,110 0200, 1110							
Principal Place of Business Mailing Address								
4242 E. MILLER AVE. 4242 E. MILLER AVE.) (81) (18) (18) (18) (18) (18) (18) (18) (18	ARDIR BANK BAKA I		
TAMPA FL 33617 TAMPA FL 33617								
					i iddisibi ara ranti eteti abitt aniti i	TALL BEIN ARIEN	(#18 (#18C #7))	8 14 8 1 1881
3 paratrum	Land Burker	2a. Mailing Address			Date Incorporated or Qualifed			
	lace of Business	<u> </u>			04/20/1994			
21 Suita Ant	# ata	Suite, Apt. #, etc.			4. FEI Number		App	lied For-
Suite, Apt.	#, 6 tc.	27			59-3229689		 	Applicable
City & State		City & State				\$8.75 Ac	ditional	
23		28		5. Certifcate of Status Desired		Fee Req	uired	
Zip	Country	Zip	Country		6. Election Campaign Financing		\$5.00 M	/lay Be
24	25	29 3	o		Trust Fund Contribution		Added to	Fees
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	agistered Age	ent	
			81	Name				
DENNIS, CAMELLA L			82	Street Add	ress (P.O. Box Number is Not Acceptate	ole)		
4809 E. BUSCH BLVD. #104								
TAMPA FL 33617			83					
			84	City		T	85 Zip Co	ode
						FL		
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statutes	the above	e-named corp	oration submits this statement for the pon's board of directors. I hereby accept	ourpose of cha	anging its re lent as redi	agistered istered
agent. I a	m familiar with, and accept the obliga	tions of, Section 617.0503, Florid	la Statutes		5,7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		•	
SIGNATURE			_					
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere 13 OFFICERS AND DIRECTORS 13			nt signature require	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIRECTOR	RS IN 12
12.		DELETE 1.1 TI			ABB/Hollors/Autore 10 of 1		Change	Addition
TITLE	PALICHAND IOUN	1.2 N		i		_	-	_
NAME	DAUSMAND, JOHN			ADDRESS				
STREET ADDRESS				į.				
CITY-ST-ZIP			1.4 CITY-\$* 2.1 TITLE	1-4IF		Г	Change	Addition
TITLE	HERRING, JUDY	22 N				<u>-</u> -		
NAME	l ' .	·		T ADDRESS				
STREET ADDRESS	0100 Official Title		2.4 CITY-S	1				
CITY-ST-ZIP TITLE	DT	[-] 00.000					Change	Addition
NAME	CLARK MICHELLE		32 NAME		•			
STREET ADDRESS			3.3 STREET	TADDRESS				
CITY-ST-ZIP	TAMPA FL		3.4, CITY-S	ST-ZIP				
TITLE	DS	☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME	DENNIS, CAMELLA L.		4. 2 NAME					
STREET ADDRESS			4.3 STREET	TADDRESS				
CITY-ST-ZIP	TAMPA FL		4.4 CITY- S	T-ZIP	<u> </u>	<u> </u>		
TITLE		☐ DELETE 5.11				Ε	_ Change	☐ Addition
NAME	{		5.2 NAME					
STREET ADDRESS			5.3 STREE	TADDRESS				
CITY-ST-ZIP			5.4 CITY- S	T-ZIP		,		
TITLE	DELETE 6.11		6.1 TILE] Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	TADORESS				
	1		=					

14. I 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, with all other like empowered.

SIGNATURE: Wich Min