2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 12, 2004 8:00 am **Secretary of State** DOCUMENT # N94000001952 1. Entity Name 03-12-2004 90039 038 ****61.25 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 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 59-3229689 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DENNIS, CAMELLA L 4221 S SANDALWOOD CIR Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33617** City Zip Code 8. 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. I am familiar with, and accept SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE President Addition JOHNSON, JEANNE NAME NAME 7507 LAKESHORE DR STREET ADDRESS STREET ADDRESS TAMPA FL 33604 OTTY: ST-ZIP CITY-ST-ZIP PD vice tresident Director Delete TITLE BILE ☐ Addition Fred Hollman HERRING, JUDY NAME NAME 8709 ORANGEVIEW AVE. STREET ADDRESS STREET ADDRESS Tampafl 33604 TAMPA FL CITY-ST-ZIP CITY-ST-ZIP Secretary Director Missy Hoffman TITLE Delete TITLE Change ☐ Addition CAMELA, DENNIS L missy. Hol NAME NAME 4221 S SANDALWOOD CIR 2007 STREET ADDRESS STREET ADDRESS TAMPA FL 33617 TampafL 33604 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change CLARK, MICHELLE O NAME NAME 4821 REGNAS AVENUE STREET ADDRESS STREET ADDRESS **TAMPA FL 33617** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE TITLE ☐ Addition WALLACE, VINCENT NAME NAME 7303 N HUTTON PL STREET ADDRESS STREET ADDRESS **TAMPA FL 33604** CITY-ST-ZIP CITY-ST-ZIP TRST ☐ Delete ПΠЕ TITLE ☐ Change Addition SMITH, SARA NAME 8702 ORANGEVILLE AVE STREET ADDRESS STREET ADDRESS TAMPA FL 33617 CITY-ST-ZIP CETY-ST-7IP 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED