2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

6/14/2006-90235-001-$8.75-$8.75 *
6/14/2006-90235-002-$61.25-$61.25 *

DOCUMENT # N94000001952

1. Entity Name
TEMPLE CREST CIVIC CLUB, INC.

Principal Place of Business	Mailing Address
4242 E. MILLER AVE. TAMPA, FL 33617	4242 E. MILLER AVE. TAMPA, FL 33617

FILED
06 JUL 13 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3229689
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DENNIS, CAMELLA L
4221 S SANDALWOOD CIR
TAMPA, FL 33617

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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 the obligations of registered agent.

SIGNATURE: Camella L Dennis 1/9/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	TERRY NEAL
NAME	JOHNSON, JEANNE	
STREET ADDRESS	7507 LAKESHORE DR	4703 RIVER HILLS DR
CITY-ST-ZIP	TAMPA, FL 33604	TAMPA FLA 33617
TITLE	VPD	
NAME	HOFFMAN, FRED	JOHNSON, JEANNE
STREET ADDRESS	8707 EDNAM	7507 LAKESHORE DR
CITY-ST-ZIP	TAMPA, FL 33604	TAMPA FLA 33604
TITLE	DS	
NAME	HOFFMAN, MISSY	
STREET ADDRESS	8707 EDNAM	
CITY-ST-ZIP	TAMPA, FL 33604	
TITLE	DT	
NAME	CLARK, MICHELLE O	
STREET ADDRESS	4821 REGNAS AVENUE	
CITY-ST-ZIP	TAMPA, FL 33617	
TITLE	TRST	FRED HOFFMAN
NAME	WALLACE, VINCENT	8707 EDNAM
STREET ADDRESS	7303 N HUTTON PL	
CITY-ST-ZIP	TAMPA, FL 33604	TAMPA, FLA 33604
TITLE	TRST	
NAME	SMITH, SARA	
STREET ADDRESS	8702 ORANGEVILLE AVE	
CITY-ST-ZIP	TAMPA, FL 33617	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: Michelle O. Clark June 10, 2006 813-935-4085
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

Tlewis