

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT


FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUL 27 PM 4:28

KS

REINSTATEMENT 08-09



| | |
|---|---|
| DOCUMENT # N94000001952 1. Entity Name TEMPLE CREST CIVIC ASSOCIATION, INC. |  |
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|---|---|
| Principal Place of Business 4242 E. MILLER AVE. TAMPA, FL 33617 | Mailing Address 4242 E. MILLER AVE. TAMPA, FL 33617 |
|---|---|

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|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

06102009 REIN-NP CR2E099 (1/07)

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 | 7. Name and Address of New Registered Agent Name: CLARK, Michelle O. Street Address (P.O. Box Number is Not Acceptable) 4821 East Regnas Ave City: TAMPA FL Zip Code: 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 *Michelle O. Clark*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

JUNE 23 2009
DATE

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P NEAL, TERRY 4703 RIVER HILLS DRIVE TAMPA, FL 33617 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD DAUGMAN, JOHN 4703 RIVERHILLS DR TAMPA, FL 33617 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS HOFFMAN, MISSY 8707 EDNAM TAMPA, FL 33604 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT CLARK, MICHELLE O 4821 REGNAS AVENUE TAMPA, FL 33617 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TRST HOFFMAN, FRED 8707 EDNAM TAMPA, FL 33604 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TRST SMITH, SARA 8702 ORANGEVILLE AVE TAMPA, FL 33617 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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* MICHELLE O. CLARK

6/23/09

813-989-3552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #