## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000002819

FILED Mar 24, 2005 Secretary of State

Entity Name: TEMPLE TERRACE PRESERVATION SOCIETY, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	OWLER AVE TERRACE, FL	33617				
Current Mailing Address:			New Maili	New Mailing Address:		
6508 E FOWLER AVE TEMPLE TERRACE, FL 33617				416 BON AIRE AVENUE TEMPLE TERRACE, FL 33617		
FEI Number	r: 59-3463932	FEI Number Applied For ( )	FEI Number Not Appl	icable()	Certificate of Status Desired ( )	
Name and	d Address of C	urrent Registered Agent:	Name and	Address of	New Registered Agent:	
GRIFFITH, DOROTHY 6508 E FOWLER AVE TEMPLE TERRACE, FL 33617 US			416 BON Á	GRIFFITH, DOROTHY 416 BON AIRE AVENUE TEMPLE TERRACE, FL 33617 US		
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing i	ts registered	office or registered agent, or both,	
SIGNATURE:					03/24/2005	
	Electroni	c Signature of Registered Age	ent		Date	
OFFICER	S AND DIRECT	ORS:	ADDITION	IS/CHANGES	S TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	RIMBEY, GRAN 411 ISLAND RO	AD	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	2VPT () WOODARD, JO 722 DOWNS AV TEMPLE TERRA	ENUE	Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	TT () COLLINS, ROBE 621 SOUTH RIV TEMPLE TERRA	ERHILLS DRIVE	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	1VPT () GRIFFITH, DOR 416 BON AIRE A TEMPLE TERRA	VE.	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	ST () TANYA, SMITH 6317 MISTY TEI TEMPLE TERRA		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name:	( )	Delete	Title: Name:	3VPT ( LANI, CZYZE\	) Change (X) Addition WSKI	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT COLLINS TT 03/24/2005