

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 02, 2006 8:00 am**  
**Secretary of State**

08-02-2006 90003 038 \*\*\*\*61.25

**DOCUMENT # N97000002819**

1. Entity Name  
**TEMPLE TERRACE PRESERVATION SOCIETY, INC.**



Principal Place of Business  
**6508 E FOWLER AVE  
TEMPLE TERRACE, FL 33617**

Mailing Address  
**416 BON AIRE AVENUE  
TEMPLE TERRACE, FL 33617**

**2005141Z**



2. Principal Place of Business  
**411 Island Road**  
Suite, Apt. #, etc.

3. Mailing Address  
**P. O. Box 16771**  
Suite, Apt. #, etc.

07032006 Chg-NP CR2E037 (4/06)

City & State  
**Temple Terrace, Florida**  
Zip Country  
**33617 Hillsborough**

City & State  
**Temple Terrace, Florida**  
Zip Country  
**33687 Hillsborough**

4. FEI Number  
**59-3463932**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GRIFFITH, DOROTHY  
416 BON AIRE AVENUE  
TEMPLE TERRACE, FL 33617**

7. Name and Address of New Registered Agent

Name  
**Daniel M. Saunders**  
Street Address (P.O. Box Number is Not Acceptable)  
**616 Druid Hills Road**  
City  
**Temple Terrace** **FL** Zip Code  
**33617**

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.

**Daniel M. Saunders**

SIGNATURE

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 September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PT  
RIMBEY, GRANT  
411 ISLAND ROAD  
TEMPLE TERRACE, FL 33617** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**2VPT  
WOODARD, JOANN  
722 DOWNS AVENUE  
TEMPLE TERRACE, FL 33617** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TT  
COLLINS, ROBERT E JR  
621 SOUTH RIVERHILLS DRIVE  
TEMPLE TERRACE, FL 33617** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1VPT  
GRIFFITH, DOROTHY  
416 BON AIRE AVE.  
TEMPLE TERRACE, FL 33617** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
TANYA, SMITH  
6317 MISTY TERRACE  
TEMPLE TERRACE, FL 33617** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**3VPT  
LANI, CZYZEWSKI  
324 BURLINGAME AVENUE  
TEMPLE TERRACE, FL 33617** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1st V.P.  
Woodard, Joann  
722 Downs Ave.  
Templa Terrace, Fl 33617** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Treasurer  
Daniel M. Saunders  
616 Druid Hills Road  
Temple Trrace, Fl 33617** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**2nd V.P.  
Susan Hall  
412 S. Pinehurst Ave  
Temple Terrace, FL 33617** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Secretary  
Beth Bosserman  
309 Glen Bueniw Ave  
Temple Terrace, FL 33617** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**3rd V. P.  
Peggy Lawrence  
204 Greencastle Ave.  
Temple Terrace, Fl. 33617** ☒ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Daniel M. Saunders Treasurer 7-31-06 813-988-2129**