2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002819

FILED Mar 22, 2009 Secretary of State

Entity Name: TEMPLE TERRACE PRESERVATION SOCIETY, INC.

Current Principal Place of Business: New Principal Place of Business: 411 ISLAND RD 322 SLEEPY HOLLOW AVENUE TAMPA, FL 33617 TAMPA, FL 33617 **Current Mailing Address: New Mailing Address:** PO BOX 16771 TEMPLE TERRACE, FL 33617 FEI Number: 59-3463932 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STUBBS, FELL L 322 SLEÉPY HOLLOW AVENUE TAMPA, FL 33617 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition RIMBEY, GRANT Name: Name: 411 ISLAND ROAD Address: Address: City-St-Zip: TEMPLE TERRACE, FL 33617 City-St-Zip: Title: PD () Delete Title: (X) Change () Addition GRIFFITH, DEE Name: WALKER, SHARON Name: Address: 417 BENAIRE AVENUE Address: 3309 STANLEY ROAD City-St-Zip: TEMPLE TERRACE, FL 33617 City-St-Zip: PLANT CITY, FL 33565 Title: VD. () Delete Title: SD (X) Change () Addition BOWLES, LEITHA BOWLES, LEITHA Name: Name: 8895 TANGLEWOOD #414 Address: Address: 8895 TANGLEWOOD #414 City-St-Zip: TEMPLE TERRACE, FL 33617 City-St-Zip: TEMPLE TERRACE, FL 33617 (X) Change () Addition Title: VD () Delete Title: VD Name: HALL, SUSAN Name: LANCASTER, TIM 412 S. PINEHURST AVE 410 FOREST PARK Address: Address: TEMPLE TERRACE, FL 33617 City-St-Zip: TEMPLE TERRACE, FL 33617 City-St-Zip: Title: () Delete Title: (X) Change () Addition RIMBEY, DORIS LANA, BURROUGHS Name: Name: 213 BANNOCKBURN AVENUE 410 FOREST PARK Address: Address: City-St-Zip: TEMPLE TERRACE, FL 33617 City-St-Zip: TEMPLE TERRACE, FL 33617 Title: () Delete Title: (X) Change () Addition STUBBS, FELL STUBBS, FELL Name: Name: Address: 322 SLEEPY HOLLOW AVENUE Address: 322 SLEEPY HOLLOW AVENUE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

City-St-Zip:

TEMPLE TERRACE, FL 33617

SIGNATURE: FELL L. STUBBS PRES 03/22/2009

TEMPLE TERRACE, FL 33617

City-St-Zip: