

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002819

FILED
Apr 23, 2011
Secretary of State

Entity Name: TEMPLE TERRACE PRESERVATION SOCIETY, INC.

Current Principal Place of Business:

322 SLEEPY HOLLOW AVENUE
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

PO BOX 16771
TEMPLE TERRACE, FL 33617

New Mailing Address:

FEI Number: 59-3463932

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STUBBS, FELL L
322 SLEEPY HOLLOW AVENUE
TAMPA, FL 33617 US

Name and Address of New Registered Agent:

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:

Title: VD
Name: RIMBEY, GRANT
Address: 411 ISLAND ROAD
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: SD
Name: BROWN, CLIFF
Address: 403 BELVEDERE OVAL
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: VD
Name: BOWLES, LEITHA
Address: 8895 TANGLEWOOD #414
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: PD
Name: LANCASTER, TIM
Address: 410 FOREST PARK
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: VD
Name: LANA, BURROUGHS
Address: 410 FOREST PARK
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: TD
Name: STUBBS, FELL
Address: 322 SLEEPY HOLLOW AVENUE
City-St-Zip: TEMPLE TERRACE, FL 33617

I hereby 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 all other like empowered.

SIGNATURE: FELL L. STUBBS

TD

04/23/2011

Electronic Signature of Signing Officer or Director

Date