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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

404837 - 90209 - 48 7 *

DOCUMENT # **N98000001709**

1. Corporation Name
BBF OF TEMPLE TERRACE, INC.

Principal Place of Business	Mailing Address
13212 BURNES LAKE DR TAMPA FL 33612	PO BOX 290698 TAMPLE TERRACE FL 33687-0698

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 8718 N. 46th Street Suite, Apt. #, etc.	26 P. O. Box 290698 Suite, Apt. #, etc.	03/12/1998
22 Tampa, FL 33617 City & State	27 Temple Terrace, FL City & State	4. FEI Number 59-3499009 ☐ Applied For ☐ Not Applicable
23 TAMPA FLA	28 TEMPLE TERRACE FLA	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
24 Zip 33617 25 Country USA	29 Zip 33687 30 Country USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MASON, EARL B SR 13212 BURNES LAKE DR TAMPA FL 33612	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MASON, EARL B SR 13212 BURNES LAKE DR TAMPA FL 33612	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Director Carol Gay 5106 Rosegreen Court Tampa, FL 33624	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, MARVIN T 1429 HOUNDS HOLLOW CT LUTZ FL 33549	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Director Michael Coffee 14513 Highland Hills Place Tampa, FL 33625	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAUSER, PATRICIA A 11864 BRANCH MOORING DR TAMPA FL 33635	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Director Bernard Lewis, Sr. 9447 Larkbunting Drive Tampa, FL 33647	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: E Mason SIGNATURE REQUIRED Earl B Mason, Sr. 4/20/99 813-980-0559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (1/98)