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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N98000002747**

1. Corporation Name
TEMPLE TERRACE TOWN CENTER, INC.

* 3 1 9 0 2 6 *
319026 - 90039 - 20

Principal Place of Business	Mailing Address
9385 N. 56TH ST., NATIONSBANK BLDG. TEMPLE TERR. FL 33617	9385 N. 56TH ST., NATIONSBANK BLDG. TEMPLE TERR. FL 33617

2. Principal Place of Business 21	2a. Mailing Address 26 5802 A FOWLER AVE	3. Date Incorporated or Qualified 05/11/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 SUITE 127	4. FEI Number 59-3515722 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 TEMPLE TERRACE FL	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 25	Zip / Country 29 33617 30 HILLSBOROUGH	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

WHITAKER, JAN
9385 N. 56TH ST., NATIONSBANK BLDG.
TEMPLE TERR. FL 33617

10. Name and Address of New Registered Agent

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	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SINGLETON, FRED L		1.2 NAME	
STREET ADDRESS	9385 N. 56TH ST., NATIONSBANK BLDG.		1.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERR. FL 33617		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SINGLETON, NAOMI L		2.2 NAME	
STREET ADDRESS	9385 N. 56TH ST., NATIONSBANK BLDG.		2.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERR. FL 33617		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BOLLING, CARLA		3.2 NAME	
STREET ADDRESS	9385 N. 56TH ST., NATIONSBANK BLDG.		3.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERR. FL 33617		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GOVEN, RON		4.2 NAME	
STREET ADDRESS	9385 N. 56TH ST., NATIONSBANK BLDG.		4.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERR. FL 33617		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WHITAKER, JAN		5.2 NAME	
STREET ADDRESS	9385 N. 56TH ST., NATIONSBANK BLDG.		5.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERR. FL 33617		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MITCHELL, DALE		6.2 NAME	
STREET ADDRESS	9385 N. 56TH ST., NATIONSBANK BLDG.		6.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERR. FL 33617		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #