

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 22, 2007 8:00 am
Secretary of State

05-22-2007 90013 027 ****61.25

DOCUMENT # N99000002639

1. Entity Name
THE ROTARY CLUB OF TEMPLE TERRACE
FOUNDATION, INC.



Principal Place of Business

~~11804 N. 56TH ST~~ P.O. Box 16901
TEMPLE TERRACE, FL ~~33617~~
33687

Mailing Address

~~11804 N. 56TH ST~~ P.O. Box 16901
TEMPLE TERRACE, FL ~~33617~~
33687

401110002



04202007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3591382

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HANNA, EDWARD M
6508 E FOWLER AVE
TAMPA, FL 33617

**DO NOT WRITE
IN THIS SPACE**

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.

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 May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------------------|
| TITLE | CD D |
| NAME | JACOBSEN, PERRY 6706 |
| STREET ADDRESS | 6706 E FOWLER AVE |
| CITY-ST-ZIP | TAMPA, FL 33617 |
| TITLE | CD D |
| NAME | SHATTLES, LINDA HALL, NICK |
| STREET ADDRESS | 234 BULLARD PKWY 709 W. RIVER DRIVE |
| CITY-ST-ZIP | TAMPA TERRACE, FL 33617 |
| TITLE | CD D |
| NAME | JACOBSEN, PERRY |
| STREET ADDRESS | 6706 E FOWLER AVE |
| CITY-ST-ZIP | TAMPA, FL 33617 |
| TITLE | D |
| NAME | WAGNER, TOM |
| STREET ADDRESS | 11954 SKYLAKE PLACE |
| CITY-ST-ZIP | TEMPLE TERRACE, FL 33617 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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IN THIS SPACE**

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

Director 6/7/07 813-889-1747