2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002639

FILED Aug 07, 2008 Secretary of State

Entity Nan	me: THE ROTARY CLUB OF TEMPLE TERRAC	CE FOUNDATION, INC	D.	
Current Principal Place of Business:		New Principal	New Principal Place of Business:	
PO BOX 16901 TAMPA, FL 33687			C/O 220 W BRANDON BLVD, SUITE 205 BRANDON, FL 33511	
Current Mailing Address:		New Mailing A	New Mailing Address:	
PO BOX 16 TAMPA, FL				
	59-3591388 FEI Number Applied For () Foce with s. 607.193(2)(b), F.S., the corporation did not reconstruction for the corporation of the corporat	El Number Not Applicable ceive the prior notice.	() Certificate of Status Desired ()	
Name and	Address of Current Registered Agent:	Name and Add	ress of New Registered Agent:	
HANNA, EDWARD M 6508 E FOWLER AVE TAMPA, FL 33617 US		11954 SKÝLAKE	WAGNER, TOM 11954 SKYLAKE PLACE TEMPLE TERRACE, FL 33617 US	
	named entity submits this statement for the purpe of Florida.	ose of changing its reg	gistered office or registered agent, or both,	
SIGNATURE: TOM WAGNER			08/07/2008	
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete JACOBSEN, PERRY 6706 E FOWLER AVE TAMPA, FL 33617	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () Delete HALL, NICK 709 W RIVER DR TAMPA TERRACE, FL 33617	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete WAGNER, TOM 11954 SKYLAKE PL TEMPLE TERRACE, FL 33617	Title: Name: Address: City-St-Zip:	()Change ()Addition	

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.

SIGNATURE: TOM WAGNER DIIR 08/07/2008