

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000006215

1. Entity Name
TEMPLE TERRACE LEAGUERETTES, INC.



Principal Place of Business

**PO BOX 292053
TEMPLE TERRACE, FL 33687**

Mailing Address

**PO BOX 292053
TEMPLE TERRACE, FL 33687**

DO NOT WRITE IN THIS SPACE

03032008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-3604647

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CARDOSO, OSCAR M
102 W WHITING ST.
201
TAMPA, FL 33602**

**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, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CARDOSO, OSCAR M
STREET ADDRESS	102 W WHITING ST
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	PTD
NAME	WARREN, CINDY
STREET ADDRESS	9705 WOODLAND RIDGE DR
CITY-ST-ZIP	TEMPLE TERRACE, FL 33637
TITLE	SD
NAME	IMHOFF, CHRYSTIE
STREET ADDRESS	10412 N 50TH STREET
CITY-ST-ZIP	TAMPA, FL 33617
TITLE	D
NAME	IMHOFF, STEVE
STREET ADDRESS	10412 N 50TH ST
CITY-ST-ZIP	TAMPA, FL 33617
TITLE	D
NAME	GRESHAM, BILL
STREET ADDRESS	16102 CAMELOT CT
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	D
NAME	AUBREY, DAVID
STREET ADDRESS	9601 WOODLAND RIDGE DR
CITY-ST-ZIP	TAMPA, FL 33637

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04/01/08-80002-024 61.25

**DO NOT WRITE
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

Date

Daytime Phone #

3-11-08 813-984112