
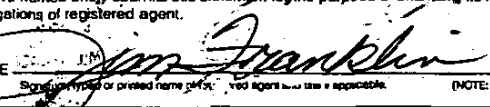
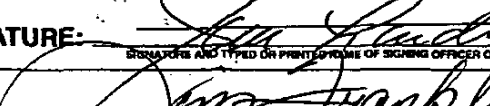



**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90033 015 \*\*\*\*61.25

|   |   |   |   |
|---|---|---|---|
| <b>DOCUMENT # 712941</b>  |   |    |   |
| 1. Entity Name<br><b>HADJI TEMPLE ASSOCIATION, INC.</b>   |   |   |   |
| Principal Place of Business<br>800 W. NINE MILE RD.<br>PENSACOLA, FL 32534 US   |   | Mailing Address<br>800 W. NINE MILE RD.<br>PENSACOLA, FL 32534 US   |   |
| 2. Principal Place of Business  |   | 3. Mailing Address  |   |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |   |
| City & State  |   | City & State  |   |
| Zip   | Country   | Zip   | Country   |
| 6. Name and Address of Current Registered Agent   |   | 7. Name and Address of New Registered Agent   |   |
| HOFFER, ROBERTA<br>800 W. NINE MILE RD<br>PENSACOLA, FL 32534   |   | Name <b>JIM FRANKLIN</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>9884 HARLINGTON ST.</b><br>City <b>PENSACOLA</b> / <b>FL</b> Zip Code <b>32533</b> |   |
| 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   |   | DATE <b>1/12/05</b>   |   |
| Filing Fee is \$61.25<br>Due by May 1, 2005   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees  |   |
| Make check payable to Florida Department of State   |   |   |   |
| 10. OFFICERS AND DIRECTORS  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>AMERSON, PETE<br>4151 WEST HIGHWAY 4<br>BRATT, FL 32535 <input checked="" type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>JIM DUPUIS<br>1004 BIG OAK LANE<br>CANTONMENT, FL. 32533 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>HALL, STEVE<br>2206 POMPANO RD<br>CANTONMENT, FL. 32533 <input checked="" type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>JIM FRANKLIN<br>9884 HARLINGTON ST.<br>PENSACOLA, FL. 32533 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>HOFFER, ROBERT<br>2672 TINOSA CIRCLE<br>PENSACOLA, FL 32526 <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>JIM LINDT<br>13083 CONCORD DR. W.<br>LITTLETON, ALABAMA 36549 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>HOUCHINS, IVAN<br>836 PELICAN DR<br>FORT WALTON BEACH, FL 32548 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>JIM MARTIN<br>3538 FLINTWOOD CIRCLE<br>PENSACOLA, FL. 32504 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | V<br>MCCOMBS, MIKE<br>5702 LAKESIDE COURT<br>MILTON, FL 32583 <input checked="" type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | V<br>IVAN HOUCHINS<br>305 WILLOW COURT<br>FORT WALTON BEACH, FL. 32547 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>DUPUIS, JIM<br>1004 BIG OAK LANE<br>CANTONMENT, FL. 32533 <input checked="" type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>MILTON MCNEASE<br>10121 PEPPERTREE CT.<br>PENSACOLA, FL. 32506 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| 12. 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 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:   |   | DATE: <b>1/12/05</b>  |   |
| SIGNATURE:   |   | DATE: <b>2/15/05</b>  |   |
|   |   | 1-850-476-9384  |   |
|   |   | 1-850-476-9384  |   |

66002337



01112005 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-1174237 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

SIGNATURE:  DATE: 1/12/05 1-850-476-9384

SIGNATURE:  DATE: 2/15/05 1-850-476-9384