## **2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## FILED Jan 27, 2006 8:00 am Secretary of State

DOCUMENT # 712941  1. Entity Name HADJI TEMPLE ASSOCIATION, INC.								01-27-2006 90023 033 ****61.25				
Principal Place of Business Mailing Address 800 W. NINE MILE RD. 800 W. NINE MIL PENSACOLA, FL 32534 US PENSACOLA, FL					MILE RD.					m		
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.					01092006	Chg-NP	CR2E0	37 (11/05)	
City & State			City & State				4. FEI Numbe 59-1174	237			plied For Applicable	
Zip Country			Zip Co			intry	5. Certificate of Status Desired \$8.75 Additional Fee Required					litional
Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
FRANKLIN, JIM 9884 HARLINGTON ST						Name Street A	Address (P.O. Box Number is Not Acceptable)					
PENSACOLA, FL 32533						Jueer A	outess (1		i is Not Acceptab			
						City				FL	Zip Cod	e
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.												
Our Handas												
SIGNATURE Slip abuse types 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, 2006				9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees  Make check payable to Florida Department of State				
10.		OFFICERS AND DI	RECTORS		11.		A	ADDITIONS/CHA	NGES TO OFFICI	ERS AND DI	<del></del>	
TITLE NAME	P DUPUIS, JIM		☐ Delete		TITLE						Change	☐ Addition
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP	ZIP CANTONMENT, FL 32533				CITY	-ST-ZIP						
THILE	TD			☐ Delete							☐ Change	Addition
NAME	FRANKLIN	•			NAM	E et address						
STREET ADDRESS CITY-ST-ZIP	SS 9884 HARLINGTON ST CANTONMENT, FL 32533											
TITLE	SD	12333		☐ Delete	TITU	-ST-ZIP			<del></del>		☐ Change	Addition
NAME	LINDT, JIM	1		□ Delete	NAM						Criange	AGGINENT
STREET ADDRESS	13083 COI	NCORD DR W			STRE	ET ADDRESS						
CITY-ST-ZIP	LILLIAN, A	L 36549			CITY	-ST-ZIP					· . · · · · · · · · · · · · · · · · · ·	
TITLE	T MARTIN I	uts.4		☐ Delete	TITLE						Change	Addition
NAME STREET ADDRESS	MARTIN, J	TWOOD CIRCLE	NA ST			E Et address						
CITY-ST-ZIP	I.	LA, FL 32504				-ST-ZIP						
TITLE	V	· · · · · · · · · · · · · · · · · · ·		X Delete	TITLE		٧				Change	☐ Addition
NAME	•		NAN					ON MCNEA				
STREET ADDRESS   305 WILLOW COURT  CITY-ST-ZIP FORT WALTON BEACH, FL 325			<b>1</b>			ET ADDRESS -St-21P		1 PEPPER				
TITLE	T	LICH DEAGH, FE 32:	<i>.</i>	XX Delete	TITLE		T	ACOLA, F	L. 32300		K Change	Addition
NAME	MCNEASE, MILTON					E	ŜTEP	rephen Hall			- Change	
STREET ADDRESS 10121 PEPPERTREE CT			STRE			ET ADDRESS		06 POMPANO RD.				
CITY-ST-ZIP PENSACOLA, FL 32506							<u> </u>					
CITY-ST-ZIP PENSACOLA, FL 32506 CITY-ST-ZIP CANTONMENT, FL. 32533  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:

ME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JIM FRANKLIN

Date

1-850-476-9384

Daytime Phone #