

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

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90058 026 \*\*\*\*61.25

**DOCUMENT # 712941**

1. Entity Name  
**HADJI TEMPLE ASSOCIATION, INC.**



Principal Place of Business  
**800 W. NINE MILE RD.  
 PENSACOLA, FL 32534 US**

Mailing Address  
**800 W. NINE MILE RD.  
 PENSACOLA, FL 32534 US**

40001751



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

01032007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1174237**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FRANKLIN, JIM**  
**9884 HARLINGTON ST**  
**PENSACOLA, FL 32533**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 *Jim Franklin* **JIM FRANKLIN** **1/3/07**

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**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DUPUIS, JIM	
STREET ADDRESS	1004 BIG OAK LANE	
CITY-ST-ZIP	CANTONMENT, FL 32533	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FRANKLIN, JIM	
STREET ADDRESS	9884 HARLINGTON ST	
CITY-ST-ZIP	CANTONMENT, FL 32533	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LINDT, JIM	
STREET ADDRESS	13083 CONCORD DR W	
CITY-ST-ZIP	LILLIAN, AL 36549	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, JIM	
STREET ADDRESS	3538 FLINTWOOD CIRCLE	
CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MCNEASE, MILTON	
STREET ADDRESS	10121 PEPPERTREE CT	
CITY-ST-ZIP	PENSACOLA, FL 32506	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HALL, STEPHEN	
STREET ADDRESS	2206 POMPANO RD	
CITY-ST-ZIP	CANTONMENT, FL 32533	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNEASE, MILTON	
STREET ADDRESS	10121 PEPPERTREE CT.	
CITY-ST-ZIP	PENSACOLA, FL. 32506	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, STEPHEN	
STREET ADDRESS	2206 POMPANO RD.	
CITY-ST-ZIP	CANTONMENT, FL. 32533	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, JIM	
STREET ADDRESS	3538 FLINTWOOD CIRCLE	
CITY-ST-ZIP	PENSACOLA, FL. 32504	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERIC MUTH	
STREET ADDRESS	7136 FITZPATRICK	
CITY-ST-ZIP	PENSACOLA, FL. 32526	

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: *Jim Franklin* **JIM FRANKLIN** **850-476-9384**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #