


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2008 08:00 AM
Secretary of State

DOCUMENT # 712941
 1. Entity Name
 HADJI TEMPLE ASSOCIATION, INC.



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

DO NOT WRITE IN THIS SPACE



01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
 59-1174237 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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 15, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCNEASE, MILTON
STREET ADDRESS	10121 PEPPERTREE CT
CITY-ST-ZIP	PENSACOLA, FL 32506
TITLE	TD
NAME	FRANKLIN, JIM
STREET ADDRESS	9884 HARLINGTON ST
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	SD
NAME	LINDT, JIM
STREET ADDRESS	13083 CONCORD DR W
CITY-ST-ZIP	LILLIAN, AL 36549
TITLE	T
NAME	HALL, STEPHEN
STREET ADDRESS	2206 POMPANO RD
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	V
NAME	MARTIN, JIM
STREET ADDRESS	3538 FLINTWOOD CIR
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	T
NAME	MUTH, ERIC
STREET ADDRESS	7136 FITZPATRICK
CITY-ST-ZIP	PENSACOLA, FL 32526

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 02/14/08-80042-017 61.25

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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*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *1/28/08*
 Daytime Phone #