


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 712941 (4)

1. Corporation Name
HADJI TEMPLE ASSOCIATION, INC.



Principal Place of Business NINE MILE RD PO BOX 17113 PENSACOLA FL 32522	Mailing Address NINE MILE RD PO BOX 17113 PENSACOLA FL 32522-7113
--	---

3. Date Incorporated or Qualified 10/03/1968	3a. Date of Last Report 01/25/1996
--	--

2. Principal Place of Business 21 800 W. NINE MILE RD Suite, Apt. #, etc.	2b. Mailing Address 26 P.O. BOX 17113 Suite, Apt. #, etc.
22 City & State 23 PENSACOLA, FL Zip Country 24 32534 25	27 City & State 28 PENSACOLA, FL Zip Country 29 32522-7113 30

4. FEI Number 59-1174237	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**EDGETT, NORMAN W
800 W NINE MILE RD
PENSACOLA FL 32534**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	DRIVER, WAYNE W.
STREET ADDRESS	308 YACHT CLUB DRIVE
CITY-ST-ZIP	FT WALTON BEACH FL
TITLE	T <input type="checkbox"/> DELETE
NAME	TURLINGTON, TOM
STREET ADDRESS	4280 RAYMON DRIVE
CITY-ST-ZIP	PENSACOLA FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	EDGETT, NORMAN W
STREET ADDRESS	6418 DALLAS AVENUE
CITY-ST-ZIP	PENSACOLA FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	BATSON, CHARLES W.
STREET ADDRESS	507 BAYLISS COURT
CITY-ST-ZIP	PENSACOLA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BATSON, CHARLES W.
1.3 STREET ADDRESS	507 BAYLISS COURT
1.4 CITY-ST-ZIP	PENSACOLA, FL 32505
2.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TURLINGTON, TOM
2.3 STREET ADDRESS	4280 REYNOSA DRIVE
2.4 CITY-ST-ZIP	PENSACOLA, FL 32504
3.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	EDGETT, NORMAN W
3.3 STREET ADDRESS	6418 DALLAS AVENUE
3.4 CITY-ST-ZIP	PENSACOLA, FL 32526
4.1 TITLE	VP D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JAMES W. MARTIN
4.3 STREET ADDRESS	P.O. BOX 535 (N/A)
4.4 CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Norman W. Edgett 1-14-97

CR2E037 (9/96)