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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90071 020 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 712941

1. Corporation Name
HADJI TEMPLE ASSOCIATION, INC.

541071 - 90305 - 39

Principal Place of Business 800 W. NINE MILE RD. PENSACOLA FL 32534 US	Mailing Address P.O. BOX 17113 PENSACOLA FL 32522-7113 US
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21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.	3. Date Incorporated or Qualified 10/03/1968
22. City & State	27. City & State	4. FEI Number 59-1174237
23. Zip Country	28. PENSACOLA, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip Country	29. 32534-1858 30. US	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 Hamm, Morgan E. 82 Street Address (P.O. Box Number is Not Acceptable) 800 W. NINE MILE ROAD 83 84 City PENSACOLA, FL 85 Zip Code 32534
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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 *Morgan E. Hamm* Morgan E. Hamm 5/3/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	DELETED <input checked="" type="checkbox"/>	1.1 TITLE PD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME MARTIN, JAMES W		1.2 NAME MOORE, JAMES E.	
STREET ADDRESS 8700 BOWMAN AVE		1.3 STREET ADDRESS 6145 OLD BETHEL ROAD	
CITY-ST-ZIP PENSACOLA FL 32534		1.4 CITY-ST-ZIP CRESTVIEW, FL 32536	
TITLE T	DELETED <input type="checkbox"/>	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME TURLINGTON, TOM		2.2 NAME	
STREET ADDRESS 6115 E SHORE DR		2.3 STREET ADDRESS	
CITY-ST-ZIP PENSACOLA FL 32505		2.4 CITY-ST-ZIP	
TITLE SD	DELETED <input checked="" type="checkbox"/>	3.1 TITLE SD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME EDGETT, NORMAN W		3.2 NAME HAMM, MORGAN E.	
STREET ADDRESS 6418 DALLAS AVENUE		3.3 STREET ADDRESS 4508 BAYSIDE DRIVE	
CITY-ST-ZIP PENSACOLA FL		3.4 CITY-ST-ZIP MILTON, FL 32583	
TITLE VD	DELETED <input checked="" type="checkbox"/>	4.1 TITLE VD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME POOLEY, STUART		4.2 NAME MONDAY, AL	
STREET ADDRESS PO BOX 535 N/A		4.3 STREET ADDRESS 7030 COMMUNITY DRIVE	
CITY-ST-ZIP DEFUNAIK SPRINGS FL		4.4 CITY-ST-ZIP PENSACOLA, FL 32526	
TITLE	DELETED <input type="checkbox"/>	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETED <input type="checkbox"/>	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *Morgan E. Hamm* SIGNATURE REQUIRED 4/16/99 (850) 476-9384
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)