

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90504 049 ****61.25

0018087

DOCUMENT # 712941

1. Entity Name

HADJI TEMPLE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

800 W. NINE MILE RD.
 PENSACOLA FL 32534
 US

800 W. NINE MILE RD.
 PENSACOLA FL 32534
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1174237

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOFER, ROBERT A
800 W NINE MILE RD
PENSACOLA FL 32534

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME **MONDAY, ALMON**
 STREET ADDRESS **7030 COMMUNITY DRIVE**
 CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE PD Change Addition
 NAME **ARNGIE POPE**
 STREET ADDRESS **8878 SCENIC HWY**
 CITY-ST-ZIP **PENSACOLA, FL 32514**

TITLE T Delete
 NAME **TURLINGTON, TOM**
 STREET ADDRESS **6115 E SHORE DR**
 CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE TD Change Addition
 NAME **NAME & address okay**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD Delete
 NAME **HOFER, ROBERT**
 STREET ADDRESS **2672 TINOSA CIRCLE**
 CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE SD Change Addition
 NAME **NAME & ADDRESS OKAY**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD Delete
 NAME **POPE, ARNGIE**
 STREET ADDRESS **8878 SCENIC HWY**
 CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE VD Change Addition
 NAME **JERRY CARROLL**
 STREET ADDRESS **6123 BUCK WARD ROAD**
 CITY-ST-ZIP **BAKER, FL 32531**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/01

850-476-9384

Date

Daytime Phone #

CR2E037 (10/00)