## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) Jun 27, 2002 8:00 am Secretary of State **DOCUMENT # 712941** 1. Entity Name 05-28-2002 91736 050 \*\*\*\*61.25 HADJI TEMPLE ASSOCIATION, INC. Principal Place of Business Mailing Address 800 W. NINE MILE RD. 800 W. NINE MILE RD. --95-107 PENSACOLA FL 32534 PENSACOLA FL 32534 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1174237 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOFER, ROBERT, A. Street Address (P.O. Box Number is Not Acceptable) 800 W NINE MILE RD PENSACOLA FL 32534 City 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) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11 TITLE **X**Delete TITLE (9/01)Change Pete Amerson POPE, ARNGIE NAME NAME 4151 west Highway 4 Bratt, Fl 32535 STREET ADDRESS 8878 SCENIC HWY STREET ADDRESS **CR2E037** CITY-ST-7/P PENSACOLA FL 32514 CITY-ST-ZIP 'nπE Delete ☐ Change Addition Addition Brack, JACK TURLINGTON, TOM ME NAME FT ADDRESS 6115 E SHORE DR P.O. Box 857 STREET ADDRESS -ST-ZIP PENSACOLA FL 32505 CITY - ST - ZIP JA, FI 32565 TITLE ☐ Delete Addition MIKE MECOMBS Change NAME Hofer, Robert NAME STREET ADDRESS 2672 TINOSA CIRCLE 5702 Lakeside Court STREET ADDRESS CITY-ST-ZIP milton, F1 32583 PENSACOLA FL 32526 CITY-ST-ZIP VD. TITLE ☐ Delete TITLE Change ☐ Addition CARROLL, JERRY NAME CArroll, Jerry NAME 6123 BUCK Ward RD STREET ADDRESS 6123 BUCK WARD RD STREET ADDRESS CITY-ST-ZIP **BAKER FL 32531** CITY-ST-7IP BAKER, F1 32531 TITLE Delete TITLE Dupuis ☐ Change **Addition** NAME NAME 1004 Big OAK LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CANTONMENT, F1 32533 IVAN HOUCHINS DO 636 Pelican DRIVE CITY-ST-ZIP ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Ft. Walton Beach, Fl CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 in the corporation of the corporatio

SIGNATURE: