


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90060 033 ****61.25

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

Zip Country Zip Country

4. FEI Number **59-1174237** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	AMERSON, PETE	
STREET ADDRESS	4151 WEST HIGHWAY 4	
CITY-ST-ZIP	BRATT FL 32535	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BRAGG, JACK	
STREET ADDRESS	P O BOX 857	
CITY-ST-ZIP	JAY FL 32565	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOFER, ROBERT	
STREET ADDRESS	2672 TINOSA CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CARROLL, JERRY	
STREET ADDRESS	6123 BUCK WARD RD	
CITY-ST-ZIP	BAKER FL 32531	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCCOMBS, MIKE	
STREET ADDRESS	5702 LAKESIDE COURT	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	T	<input type="checkbox"/> Delete
NAME	DUPUIS, JIM	
STREET ADDRESS	1004 BIG OAK LANE	
CITY-ST-ZIP	CANTONMENT FL 32533	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVE HALL	
STREET ADDRESS	2206 Pompano Road	
CITY-ST-ZIP	CANTONMENT, FL 32533	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IVAN Houchins	
STREET ADDRESS	636 PELICAN DRIVE	
CITY-ST-ZIP	FT. Walton Beach, FL 32548	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Robert Hofer **Robert Hofer** 4/7/03 850-476-9384

CR2E037 (10/02)