## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPAREMENT OF STATE

Sandra B. Mortham

Secretary of State\* DIVISION OF CORPORATIONS

DOCUMENT #

(1)

SAHIB TEMPLE, INC.

Business	Mailing Address	
DAD 232	600 N BENEVA ROAD SARASOTA FL 34232-1316	

## **FILED** Mar 17 1997 8:00am Secretary of State



Principal Place of Business 600 N BENEVA ROAD SARASOTA FL 34232		Mailing Address  600 N BENEVA ROAD SARASOTA FL 34232-1316				. I their rech fres and their state erricals and constructions and their state of the state of t			
						3. Date Incorporated or Qualified 03/05/1971	3a. Date	of Last F )3/25/19	leport 996
	lace of Business	2a. Mailing Address				4. FEI Number	Applied For		
21		26			23-7281801 Not A			ot Applicable	
Suite, ADL	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional	
22 City & State		City & State							beriupe
23	e				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country		Zip Country			· · · · · · · · · · · · · · · · · · ·	This corporation has liability for			
24	25	29	30	, ,			Yes		. 199.032,
	9. Name and Address of Curren		190			10. Name and Address of New Re			····
				81	Name	*			
DICKSO	ON, GEORGE			82	Stroot A	Iddress (D.O. Boy Number is Not Assente	hlal		
2067 M				102	Street	Address (P.O. Box Number is Not Acceptal	ole)		
	OTA FL 34237			83					
	- 11-, 15-1			2.0	City			06 30	Codo
₽				84	City		FL	<b>85</b> Zip	Code
office or r agent. I a	to the provisions of Sections 617.050 registered agent, or both, in the State im familiar with, and accept the oblig	02 and 617.1508, Florid of Florida Such chang ations of, Section 617.0	a Statutes, the se was author 503, Florida S	above ized by Statute:	e-named of the corp s.	corporation submits this statement for the oration's board of directors. I hereby acce	purpose of c pt the appoi	hanging i ntment as	ts registered registered
SIGNATURE .	Signature, typed or printed name of registered age	ent and tille if applicable	(NOTE Regis	tered An	ent sinnature i	required when reinstating)	DATE		
12.	<del></del>	D DIRECTORS		3.	art algulature i	ADDITIONS/CHANGES TO OFFI		DIRECTOR	RS IN 12
TITLE	D	☐ DÉL		1 TITLE	T			Change	Addition
NAME	TOALE, CURTIS H.		1.	2 NAME					
STREET ADDRESS	40 NORTH ORANGE AVE.		1.	3 STREET	ADDRESS				
CITY-ST-ZIP	SARASOTA FL			4 CITY - S					
TITLE	D	☐ DEL		1 TITLE	/1_2"			Change	Addition
NAME	ORTT, LOUIS		2	2 NAME					
STREET ADDRESS	1104 RIVERIERA ST.		1		ADDRESS				
CITY-ST-ZIP	VENICE FL 34285			4 CITY-					
TITLE	D	☐ DEL		1 TITLE		· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME	TERRYBERRY, KENNETH		a .	2 NAME			_		
STREET ADDRESS	4812 CORAL BLVD		1 1		ADDRESS				
CITY-ST-ZIP	BRADENTON FL			4 CITY-	- 1				
TITLE	D	DEL		1 TITLE	37 Zii			Change	Addition
	- ROBINSON, ALFRED	_		2 NAME			_		
STREET ADDRESS	1108 N ORANGE AVE				ADDRESS				
CITY-ST-ZIP	SARASOTA FL			4 CITY-S					
TITLE	P	DEL		1 TITLE		S		Change	Addition
NAME	MITCHELL, PHIL	7		2 NAME		Win C. Naselroad		•	~1
STREET ADDRESS	5121 ISLAND DATE ST				ADDRESS	5144 Grebel Lane			
CITY-ST-ZIP	SARASOTA FL 34232			4 CITY-S		Sarasota FL 34232			
TITLE	TD	☐ DEL		1 TITLE				Change	Addition
NAME	JOHNSON, WILLIAM H			2 NAME				•	
STREET ADDRESS	6710 ELLENTON-GILLETTE F	RD. #117			ADDRESS				
CITY-ST-ZIP	PALMETTO FL 34221			4 CITY-S	i				

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 angust 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 of 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 one attachment without address.