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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **720424**

1. Corporation Name

SAHIB TEMPLE, INC.

Principal Place of Business	Mailing Address
600 N BENEVA ROAD SARASOTA FL 34232	600 N BENEVA ROAD SARASOTA FL 34232

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

3. Date Incorporated or Qualifed: 03/05/1971

4. FEI Number: 23-7281801 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

XXXXXX XXXX
BRUCE, ERIC
XXXXXXX
4111 24TH AVE W
XXXXXXXXXXXX
BRADENTON FL 34205

10. Name and Address of New Registered Agent

81 Name: William W. Batten
82 Street Address (P.O. Box Number is Not Acceptable): 600 N. Beneva Rd.
83
84 City: Sarasota FL 85 Zip Code: 34232

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: William W. Batten — DATE: 2/23/1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TOALE, CURTIS H.		1.2 NAME		
STREET ADDRESS	40 NORTH ORANGE AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ORTT, LOUIS		2.2 NAME		
STREET ADDRESS	1104 RIVERIERA ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34285		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	TERRYBERRY, KENNETH		3.2 NAME	Baessler, Patrick E.	
STREET ADDRESS	4812 CORAL BLVD		3.3 STREET ADDRESS	4105 SandPointe Dr.	
CITY-ST-ZIP	BRADENTON FL		3.4 CITY-ST-ZIP	Bradenton FL 34205-1249	
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	LITCHFIELD, PAUL		4.2 NAME	Phillips, Edward J.	
STREET ADDRESS	3273 BOYETTE ST		4.3 STREET ADDRESS	1800 Ben Franklin Dr.	
CITY-ST-ZIP	ENGLEWOOD FL 34224		4.4 CITY-ST-ZIP	Sarasota FL 34236	
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BATTEN, WILLIAM W		5.2 NAME		
STREET ADDRESS	3448 HIGHLANDS BRIDGE RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34235		5.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, WILLIAM H		6.2 NAME		
STREET ADDRESS	6710 ELLENTON-GILLETTE RD. #117		6.3 STREET ADDRESS		
CITY-ST-ZIP	PALMETTO FL 34221		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: William H. Johnson — 2/6/99 — William H. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #