

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 15 AM 10:26

DOCUMENT # N01065 (4)

1. Corporation Name
EBON TEMPLE, INC.

Principal Place of Business Mailing Address
7255 WALLACE RD ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/24/1984** 3a. Date of Last Report **06/01/1994**
4. FBI Number **59-2368131** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 29 Zip Country
24 25 29 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$81.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**LEE, THOMAS S., JR.
4289 LAKE RICHMOND DR
ORLANDO FL 32811**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 617.0502, Florida Statutes.
SIGNATURE Thomas S. Lee, Jr. DATE 6/12/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, THOMAS S., JR.	1 2 NAME	
STREET ADDRESS	4289 LAKE RICHMOND DR	1 3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	1 4 CITY - ST - ZIP	
TITLE	VD	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITAKER, DOROTHY L.	2 2 NAME	
STREET ADDRESS	4325 LAKE RICHMOND DR	2 3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	2 4 CITY - ST - ZIP	
TITLE	VD	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, BARBARA L.	3 2 NAME	
STREET ADDRESS	3201 TRADWINDS TRAIL	3 3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	3 4 CITY - ST - ZIP	
TITLE	SD	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, MARY B.	4 2 NAME	
STREET ADDRESS	4289 LAKE RICHMOND DR	4 3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	4 4 CITY - ST - ZIP	
TITLE	TD	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, ANN	5 2 NAME	
STREET ADDRESS	4583 ALHAMA ST	5 3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY - ST - ZIP		6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(h), 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.
SIGNATURE: Thomas S. Lee, Jr. Thomas S. Lee, Jr. DATE: 6/12/95 836-3590

CR2E037 (3/95)