


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N01065
1. Entity Name
EBON TEMPLE, INC.



Principal Place of Business 7001 WALLACE ROAD ORLANDO, FL 32819 US	Mailing Address 7001 WALLACE ROAD ORLANDO, FL 32819 US
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04282004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2368131	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEE, THOMAS S., JR.
4289 LAKE RICHMOND DR
ORLANDO, FL 32811

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

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

UG00000152405
05/04/04-80085-012 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEE, THOMAS S., JR. 4289 LAKE RICHMOND DR ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHITAKER, DOROTHY L. 4325 LAKE RICHMOND DR ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MITCHELL, BARBARA L. 4325 LAKE RICHMOND DRIVE ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEE, MARY B. 4289 LAKE RICHMOND DR ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROWN, ANN 4563 ALHAMA ST ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 any other like empowered.

SIGNATURE: Ann Brown Ann Brown 4/28/04 407-351-3266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #