

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 19, 2005 8:00 am
Secretary of State

08-19-2005 90007 035 ****69.30

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

00000000



07272005 No Chg-NP

CR2E037 (10/03)

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4. FEI Number
59-2368131

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$81.25
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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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IN THIS SPACE**

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:

Thomas S. Lee Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/27/05

Date

(407) 351-3266
Daytime Phone #