

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2009
Secretary of State

DOCUMENT# N01065

Entity Name: EBON TEMPLE, INC.

Current Principal Place of Business:

7001 WALLACE ROAD
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

7001 WALLACE ROAD
ORLANDO, FL 32819 US

New Mailing Address:

FEI Number: 59-2368131 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEE, THOMAS S., JR.
Address: 4289 LAKE RICHMOND DR
City-St-Zip: ORLANDO, FL

Title: VD () Delete
Name: WHITAKER, DOROTHY L.
Address: 4325 LAKE RICHMOND DR
City-St-Zip: ORLANDO, FL

Title: VD () Delete
Name: MITCHELL, BARBARA L.
Address: 4325 LAKE RICHMOND DRIVE
City-St-Zip: ORLANDO, FL 32811

Title: SD () Delete
Name: LEE, MARY B.
Address: 4289 LAKE RICHMOND DR
City-St-Zip: ORLANDO, FL

Title: TD () Delete
Name: BROWN, ANN
Address: 4563 ALHAMA ST
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: LEE, ERICA
Address: 5683 TULIP AVE
City-St-Zip: ORLANDO, FL 32839

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN BROWN

TD

05/22/2009

Electronic Signature of Signing Officer or Director

_____ Date