



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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| DOCUMENT # N04000006944 1. Entity Name WATSON TEMPLE COMMUNITY DEVELOPMENT CORPORATION |  |
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FILED
05 JUN 30 AM 11:45
TALLAHASSEE, FLORIDA

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|---|---|
| Principal Place of Business 665 WEST BREVARD STREET TALLAHASSEE, FL 32304 | Mailing Address PO BOX 16514 TALLAHASSEE, FL 32317-6514 |
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|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



| | | | |
|----------------------------------|--------|--|-----------|
| 06292005 | Chg-NP | CR2E037 (10/03) | 03 |
| 4. FEI Number | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|---|--|
| 6. Name and Address of Current Registered Agent SHEPPARD, DONALD E 3103 SOUTH FULMER CIRCLE TALLAHASSEE, FL 32303 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| Filing Fee is \$61.25 Due by September 7, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | DP <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHEPPARD, DONALD E | NAME | 100057343701 |
| STREET ADDRESS | 3103 SOUTH FULMER CIRCLE | STREET ADDRESS | 07/12/05--01031--006 **\$61.25 |
| CITY-ST-ZIP | TALLAHASSEE, FL 32303 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SIMS, SAMUEL | NAME | |
| STREET ADDRESS | 1775 CENTERVILLE ROAD | STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32308 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GILMORE, ARGATHA R | NAME | |
| STREET ADDRESS | 8146 ELYSIAN WAY | STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32311 | CITY-ST-ZIP | |
| TITLE | DST <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARTER, AGATHA | NAME | |
| STREET ADDRESS | 3502 OLSON ROAD | STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32308 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WHITE, C. ERIC | NAME | |
| STREET ADDRESS | 290 WEST WASHINGTON STREET | STREET ADDRESS | |
| CITY-ST-ZIP | MONTICELLO, FL 32344 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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: Donald E. Sheppard Donald E. Sheppard 6/30/05 562-9115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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