


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000006944 1. Entity Name WATSON TEMPLE COMMUNITY DEVELOPMENT CORPORATION	
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FILED

2008 APR 30 AM 7: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04302008 Chg-NP CR2E037 (12/06)

4. FEI Number 83-0487551	Applied For Not Applicable
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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
State: FL Zip Code

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 \$61.25 Due by May 1, 2008	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	
TITLE	DP <input type="checkbox"/> Delete
NAME	SHEPPARD, DONALD E
STREET ADDRESS	3103 SOUTH FULMER CIRCLE
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	D <input type="checkbox"/> Delete
NAME	SIMS, SAMUEL
STREET ADDRESS	1775 CENTERVILLE ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D <input type="checkbox"/> Delete
NAME	GILMORE, ARGATHA R
STREET ADDRESS	8146 ELYSIAN WAY
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	DST <input type="checkbox"/> Delete
NAME	CARTER, AGATHA
STREET ADDRESS	3502 OLSON ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D <input type="checkbox"/> Delete
NAME	WHITE, C. ERIC
STREET ADDRESS	290 WEST WASHINGTON STREET
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000127464910
STREET ADDRESS	04/30/08--01054--012 **\$61.25
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DST Carter, Agatha
STREET ADDRESS	435 W. Georgia St.
CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Agatha Y. Carter Agatha Y. Carter 4/30/08 (850) 591-8299

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