FILED y 01, 2008 08:00 AN Secretary of State

	-PROFIT CORPOR UAL REPORT	ATION	Ma	
DOCUMENT # N9300 1. Entity Name TEMPLE OF LORD CHAITAN				
Principal Place of Business	Mailing Address	<u> </u>		
9409 NW 143RD ST ALACHUA, FL 32615 US	P.O. BOX 2121 Alachua, Fl 32616			
			04302008 No Chg-NP	
DO NOT WE	4. FEI Number 59-3331782			
. ; .	,		5. Certificate of Status Desired	
8. Name and Address of	Current Registered Agent		adrian a terreprintage assuments. In the paper Canada	
MCCREEDY, DAN 9409 N.W. 143RD ST ALACHUA, FL 32615			DO NOT W	

9409 NW 143RD ST P.O. BOX 2121 ALACHUA, FL 32615 US ALACHUA, FL 32616 DO NOT WRITE IN THIS SPACE									
		04302008 No Chg-NP CR2E 4. FEI Number 59-3331782 5. Certificate of Status Desired				Applied For Not Applicable \$8.75 Additional Fee Required			
ALACHUA 8. The above	Name and Address of Current DY, DAN 143RD ST FL 32615 In named entity submits this statement for lions of registered agent.		ed office or re	IN 7	NOT W THIS SP	AC	E ()		
SIGNATURE.	Signature typed or printed name of registered agent	and title if applicable (NOTE: Ragistere	d Agent signature	required when reinstating)		DATE			
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees					
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND T MCDONOUGH, JAMES E J 4718 WINGROVE BLVD ORLANDO, FL 32819 D MCCREEDY, DAN 9409 NW 143RD ST ALACHUA, FL 32615 T STEELE, MARILYN	DIRECTORS			U0000 05/27/08		35 7-018 61.25		
STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	9131 222 ROAD ALACHUA, FL 32615			IN .	NOT W	PAC			
NAME					A STATE OF THE STA		. I Was Maria		

CITY-\$1-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 reserver 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:

10.

TITLE NAME

TITLE

TITLE NAME

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS