

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90027 006 \*\*\*\*61.25

<b>DOCUMENT # 737037</b>			
1. Entity Name AMARA TEMPLE HOLDING CORPORATION, INC.			
Principal Place of Business 3650 R.C.A. BLVD. PALM BEACH GARDENS, FL 33410		Mailing Address PO BOX 30335 WEST PALM BEACH, FL 33420-0335	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02042008 Chg-NP CR2E037 (12/06)

4. FEI Number  
51-0157536

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCCANN, J. DAVID JR 16191 67TH COURT N LOXAHATCHEE, FL 33470-6069		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		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: *J. David McCann, Jr.* J. DAVID MCCANN, JR. 02/04/08  
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. ☐ \$5.00 May Be Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOUND, ARTHUR E <input checked="" type="checkbox"/> Delete 16702 87TH CT LOXAHATCHEE, FL 33470	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERGUSON, M. WADE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio 8667 150TH CT N PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCANN, J. DAVID JR <input type="checkbox"/> Delete 16191 67TH COURT N LOXAHATCHEE, FL 334806069	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNTOON, R. DAVID <input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio 4125 FLEX CIR S PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, GERRY M <input type="checkbox"/> Delete 2187 PRAIRIE ROAD WEST PALM BEACH, FL 33406	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUBIN, ARTHUR <input checked="" type="checkbox"/> Delete 6401 PUMPKIN SEED CIR., #219 BOCA RATON, FL 33433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARRIS, ARTHUR <input type="checkbox"/> Delete 4567 HAZELTON LN LAKE WORTH, FL 33467	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOWNSEND, JACK <input type="checkbox"/> Delete 3827 BEGONIA STREET PALM BEACH GARDENS, FL 33410	TITLE 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: *J. David McCann, Jr.* J. DAVID MCCANN, JR. 02/04/08 561-627-2100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #