

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01065

**Entity Name:** EBON TEMPLE, INC.

**Current Principal Place of Business:**

7001 WALLACE ROAD  
ORLANDO, FL 32819

**Current Mailing Address:**

7001 WALLACE ROAD  
ORLANDO, FL 32819 US

**FEI Number:** 59-2368131

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LEE, THOMAS S. JR.  
Address        7001 WALLACE ROAD  
City-State-Zip: ORLANDO FL 32819

Title            VD  
Name            WHITAKER, DOROTHY L.  
Address        4325 LAKE RICHMOND DR  
City-State-Zip: ORLANDO FL 32811

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

Title            SD  
Name            LEE, ERICA  
Address        5683 TULIP AVE  
City-State-Zip: ORLANDO FL 32839

Title            TD  
Name            BROWN, ANN  
Address        4563 ALHAMA ST  
City-State-Zip: ORLANDO FL 32811

*I hereby 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 all other like empowered.*

**SIGNATURE:** ANN BROWN

**TREASURER**

**04/16/2021**

Electronic Signature of Signing Officer/Director Detail

Date