

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000006944

**Entity Name:** WATSON TEMPLE COMMUNITY DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

665 WEST BREVARD STREET  
TALLAHASSEE, FL 32304

**Current Mailing Address:**

435 W. GEORGIA ST.  
TALLAHASSEE, FL 32301

**FEI Number: 83-0487551**

**Certificate of Status Desired: No**

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

SHEPPARD, DONALD E  
3103 SOUTH FULMER CIRCLE  
TALLAHASSEE, FL 32303 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 DP  
Name SHEPPARD, DONALD E  
Address 3103 SOUTH FULMER CIRCLE  
City-State-Zip: TALLAHASSEE FL 32303

Title D  
Name GILMORE, ARGATHA R  
Address 8146 ELYSIAN WAY  
City-State-Zip: TALLAHASSEE FL 32311

Title DST  
Name CARTER, AGATHA  
Address 435 W. GEORGIA STREET  
City-State-Zip: TALLAHASSEE FL 32301

Title D  
Name WHITE, C. ERICA  
Address 3773 ESPLANADE WAY  
City-State-Zip: TALLAHASSEE FL 32311

*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: AGATHA CARTER

SECRETARY

04/28/2014

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date