

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 482347

FILED
Jan 08, 2009
Secretary of State

Entity Name: TEMPLE GROVE, INC.

Current Principal Place of Business:

145 LINCOLN AVENUE
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

145 LINCOLN AVENUE
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 59-1631541

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, BETH W
645 VASSAR ST
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROGERS, JOHN H,
Address: 1002 TEMPLE GROVE
City-St-Zip: WINTER PARK, FL 32789

Title: VPD () Delete
Name: LACEY, ELIZABETH LYN
Address: 630 S MAITLAND AVE
City-St-Zip: MAITLAND, FL 32751

Title: SD () Delete
Name: TRISMEN, RICHARD F.
Address: 213 W. COMSTOCK AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: TD () Delete
Name: ROGERS, PEGGY A
Address: 1002 TEMPLE GROVE
City-St-Zip: WINTER PARK, FL 32789

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: OWENS, BETSY ROGERS
Address: 3029 WESTCHESTER ROAD
City-St-Zip: ORLANDO, FL 32803

Title: VPD (X) Change () Addition
Name: LACEY, ELIZABETH LYN
Address: 535 PERSIMMON LANE
City-St-Zip: ROSWELL, GA 30076

Title: SD (X) Change () Addition
Name: MILLER, BETH W
Address: 645 VASSAR STREET
City-St-Zip: ORLANDO, FL 32804

Title: TD () Change (X) Addition
Name: ROGERS, PEGGY A
Address: 1002 TEMPLE GROVE
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN H ROGERS

PD

01/08/2009

Electronic Signature of Signing Officer or Director

Date