



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90026 003 ****70.00

DOCUMENT # 709535 1. Entity Name ZENDAH TEMPLE CORPORATION					
Principal Place of Business <i>4402 W. Ohio Ave</i> 4109 NORTH LAUBER WAY TAMPA, FL 33614 US				Mailing Address <i>4402 W. Ohio Ave</i> 4109 NORTH LAUBER WAY TAMPA, FL 33614 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01102008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number NOT APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LANCE, JERRY B 4109 N. LAUBER WAY TAMPA, FL 33614 <i>4402 W. Ohio Ave</i>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D/P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALDERSON, ROBERT G			NAME	
STREET ADDRESS	3310 CASTLEROCK CIR			STREET ADDRESS	
CITY-ST-ZIP	LAND O LAKES, FL 34639			CITY-ST-ZIP	
TITLE	D/V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, JAMES T			NAME	
STREET ADDRESS	14322 MAYER AVE			STREET ADDRESS	
CITY-ST-ZIP	HUDSON, FL 34669			CITY-ST-ZIP	
TITLE	D/S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANCE, JERRY B			NAME	
STREET ADDRESS	4109 N. LAUBER WAY			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33614			CITY-ST-ZIP	
TITLE	D/T	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITMER, STEVEN G			NAME	
STREET ADDRESS	818 W. LOWRY LANE			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33604			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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 of 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <i>1-10-07</i> Daytime Phone #: <i>8138720812</i>	