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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 DOCUMENT #

715313

(3)

EGYPT TEMPLE HOLDING CORPORATION, INC.					 	ii Duhia bidul Debu Di	Pri Bloic Jiesi 1001	
Principal Place of Business Mailing Address								a., a.z., a.z., 159;
4050 DANA SHORES DR P.O. BOX 22805 TAMPA FL 33634 TAMPA FL 33622								
US	,,,,,	US						
						<ol> <li>Date Incorporated or Qualified 09/27/1968</li> </ol>	3a. Date of La 05/01/	st Report 1995
2. Principal P	2a. Mailing Address	ress			4. FEI Number	<u> </u>	Applied For	
21 26			<del></del>			59-1236183		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired		75 Additional
City & State City & State							Fe	e Required
23		28				Election Campaign Financing     Trust Fund Contribution		.00 May Be ded to Fees
Zip	Country	Zip	Coun	try	· · · · · · · · · · · · · · · · · · ·	This corporation has liability for inta		
24	25	29	30				Yes <b>AN</b> O	5. 199.002,
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Reg	stered Agent	
FIGOUE	N 418 48 857		[1	31 1	Name			
FISCHER, JIMMY 3315 HENDERSON BLVD.			Ī	32 5	Street Addres	et Address (P.O. Box Number is Not Acceptable)		
IMMEN	FL 33609-2913		'	3				
	•		Ē	14 (	City		85	Zip Code
11. Pursuant i	to the provisions of Sections 617 050	2 and 617 1508. Florida Statutos	the above		mad sarmarat	ion or havita this state and for the	FL  °	
or register	ed agent, or both, in the State of Flori	ida. Such change was authorized	by the co	rpora	ation's board	ion submits this statement for the purpo of directors. I hereby accept the appoint	se of changing it: Iment as registeri	s registered office   ed agent. I am
	in, and accept the obligations of, Sec	tion 617.0503, Florida Statutes.						_
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (NOT)	: Registered A	gent sig	gnature required w	hen reinstating	DATE	
12.	OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICE				FORS IN 12
TITLE	PT DELETE		1.1 TITL	1.1 TITLE P		PR .	Change	
NAME	MILLARD, DONALD R.		4.0.4144.65			NNON, JOHN		
STREET ADDRESS	3340 43RD ST. N.		13 STRE			923 127th AVE N.		
CITY-ST-ZIP	ST. PETERSBURG FL	Fantier	1.4 CiTY-			RGO, FL 34644-240	88	
TITLE NAME	DIRGAN WILLIAM E			2.1 TITLE			Change	e 🔲 Addition
STREET ADDRESS	5827 IMPERIAL KEY			2.2 NAME				
CITY-ST-ZIP	TAMPA FL			2.3 STREET ADDRESS				
TITLE	STR DELETE			2. 4 CITY - ST - ZIP 3.1 TITLE			Change	
NAME	LORENZO, LEONARD W.						Change	Addition
STREET ADDRESS	6000 RIVER TERRACE		3.3 STRE		DBESS			
CITY-ST-ZIP	TAMPA FL		3.4. CITY		1			
TITLE	VTR	DELETE	4.1 TITLE		va.	P	Change	Addition
NAME	CANNON, JOHN	47	4. 2 NAM	ΙE	ŀ	POS, JOSEPH A.		
STREET ADDRESS	12923 127TH AVE N.		4.3 STRE			80 TREEMONT WAY		İ
CITY-ST-ZIP	LARGO FL		4.4 CITY			NEDIN, FL 34698		
TITLE	VTR	<b>₹</b> 36elete	5 1 TITLE		VT		☐ Change	Addition
NAME	SIPOS, JOSEPH A.	·	52 NAM	:		NGIOVI, FRANK A.		ŀ
STREET ADDRESS	2480 TREEMONT WAY		5.3 STRE	ET ADD	DRESS 27	15 WOODLAWN AVE.		ŀ
CITY-ST-ZIP	DUNEDIN FL			ST-Z		MPA, FL 33607-682		
TITLE	vtr Mongiovi, frank	MONGIOM EDANIK		TITLE YT			☐ Change	Addition
NAME STORET ADDOCCO	2715 W. WOODLAWN AVE		6.2 NAM		1 40	DOUL, EDMOND L. 17 EMPIRE PLACE		
STREET ADDRESS	TAMPA FL		6.3 STRE		/n = 1	MPA, PL 33610-572	D	
CiTY-ST-ZiP	Continue that the information a realized	AL ALL CO.	6.4 CITY	ST-ZI	PIA	MEN, EL 33010-3/2	D	

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE LIBON SIGNATURE AND HPED OF PRINTER NAME OF SIGNING OFFICER OR DIRECTOR

LEONARD W. LORENZO 4/16/96 (813)232-5191

CR2E037 (12/95)