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Mar 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **715313** (3)
1. Corporation Name
EGYPT TEMPLE HOLDING CORPORATION, INC.



Principal Place of Business

Mailing Address

**4050 DANA SHORES DR
TAMPA FL 33634
US**

**P.O. BOX 22805
TAMPA FL 33622-2805
US**

3. Date Incorporated or Qualified
09/27/1968

3a. Date of Last Report
04/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

4. FEI Number
59-1236183

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FISCHER, JIMMY
3315 HENDERSON BLVD.
TAMPA FL 33609-2913**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PTR**
STREET ADDRESS **CANNON, JOHN**
CITY-ST-ZIP **12923 127TH AVE N**
LARGO FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **Sipos, Joseph A.**
1.3 STREET ADDRESS **2480 Treemont Way**
1.4 CITY-ST-ZIP **Dunedin, FL 34698**

TITLE ☐ DELETE
NAME **TTR**
STREET ADDRESS **DUGGAN, WILLIAM F.**
CITY-ST-ZIP **5827 IMPERIAL KEY**
TAMPA FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **STR**
STREET ADDRESS **LORENZO, LEONARD W.**
CITY-ST-ZIP **6000 RIVER TERRACE**
TAMPA FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **Korte, Jacob**
3.3 STREET ADDRESS **13898 Martinique Dr.**
3.4 CITY-ST-ZIP **Seminole, FL 34646**

TITLE ☐ DELETE
NAME **VTR**
STREET ADDRESS **SIPOS, JOSEPH A.**
CITY-ST-ZIP **2480 TREEMONT WAY**
DUNEDIN FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **Massey, John A.**
4.3 STREET ADDRESS **5321 Lake LeClare Rd.**
4.4 CITY-ST-ZIP **Lutz, FL 33549**

TITLE ☐ DELETE
NAME **VTR**
STREET ADDRESS **MONGIOVI, FRANK A.**
CITY-ST-ZIP **2715 WOODLAWN AVE**
TAMPA FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VTR**
STREET ADDRESS **BIDOU, EDMOND L.**
CITY-ST-ZIP **4217 EMPIRE PLACE**
TAMPA FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

JOSEPH A. SIPOS **FEB 27, 1997**
813 884-8381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0048605

CR2E037 (9/96)