FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 717052

(5)

TEMPLE	FOLICATIONAL	FOUNDATION.	INC.

Principal Place	of Business	Mailing Address							HUIF BIBII 16BI
3300 NW 17TH AVE P.O. BOX 420159 MIAMI FL 33142		3300 NW 17TH AVE P.O. BOX 420159 MIAMI FL 33142	P.O. BOX 420159						
WINNER DOT	•	WILLIAM I E SST-72				3. Date Incorporated or Qualified 08/27/1969	3a. Date 06	of Last /05/19	
2. Principal Pla	ace of Business	2a. Mailing Address 26				4. FEI Number 59-1269743			Applied For Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	X	+	Additional Required
City & State	1	City & State	-			Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for int		under s.	
24	25	29	30		· · · · · · · · · · · · · · · · · · ·	Florida Statutes			
	9. Name and Address of Curre	ent Hegistered Agent		81	Name	10. Name and Address of New Re	gistered Aç	ent	
DANKEY	DICHARD A				Martic				
	RICHARD A			82	Street	Address (P.O. Box Number is Not Acceptable)			
	17TH AVE			83					
Miami, fl Miami fl									
MINIMI I F	.00142			84	City		FL	85 Zip	p Code
11. Pursuant t	o the provisions of Sections 617.050	22 and 617.1508, Florida Statut	es, the abo	ve-r	arned co	orporation submits this statement for the purp	ose of chan	jing its r	egistered office
or register familiar wit	ed agent of both, in the State of Flo th, and agcept the obligations of Sec	nda. Suon ghange was authoriz ctidn 647.0503, Floriga Statutes	zea by me c S	orpo	oradon s	board of directors. Thereby accept the appoin	itmerit as re	yıstered	agent. ram
SIGNATURE	Tickard (Tan Buch	P/D				3-13		
	of rature, typed or printed name of registered age			Ager	l signature i	required when reinstating)	DATE		506 N. 16
12.	PD OFFICERS AI	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE		Change	Addition
TITLE	PANKEY, RICHARD A.	Porceir	1111					onange	☐ Yequilini
NAME STREET ADDRESS	3300 N W 17 AVE.		1.2 NAM		ADDRESS				
CITY-ST-ZIP	MIAMI FL		14 CI						
TITLE	SD	DELETE	2 1 Tr		1-21-	ST		Change	Addition
NAME	PANKEY, JANICE L		2 2 N/	ME		CARMEN CURBELO			^
STREET ADDRESS	3 300 N W 17 AV E.		2351	REET	ADDRESS	8357 W. FLAGLER ST. #	319		
CITY - ST - ZIP	MIAMI FL:		2 4 0	4 CITY ST - ZIP		MIAMI, FL 33144			
TITLE	-VI-	DELETE	3 1 TI	TLE		VD	X	Change	Addition
NAME	HODGES, ROBERT		3.2 N	ME		ROBERT L. HODGES	•		
STREET ADDRESS	4631 SCHOONER LANE		3.3 \$3	REET	ADDRESS	4631 SCHOONER LANE			
CITY-ST-ZIP					LYNN HAVEN, FL.				
TITLE		☐ DÉLÉTE	4.1 TI					Unange	Addition Addition
NAME OXOGEN ADDRESS			4. 2 N		ADDDCCC				
STREET ADDRESS			4.3 S		ADDRESS				
CITY-ST-ZIP TITLE		DELETE	5 1 TI		1 - 20"			Change	Add-tion
NAME			5.2 N						<u> </u>
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			5 4 CI						
TITLE		DELETE	61 TI	TLE		The state of the s		Change	Addition
NAME			62 N	4ME					
STREET ADDRESS			63\$1	TREET	ADDRESS				
CITY - ST - ZIP			64C				70.5		
cortify that	the information indicated on this an	riual report or supplemental and	aual report i	e to	ie and a	allify for the exemption stated in Section 119.0 courate and that my signature shall have the s at this report as required by Chapter 617, Flor	ame legal et	fect as it	f made under

SIGNATURE:

AGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF MRECTOR

3-13-90

(305) 775-1355

CR2E037 (12/95)