

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90055 008 ****61.25

DOCUMENT # 727574

1. Entity Name
TEMPLE IN THE PINES, INC.



Principal Place of Business
**9730 STIRLING RD.
HOLLYWOOD, FL 33024**

Mailing Address
**9730 STIRLING RD.
HOLLYWOOD, FL 33024**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1552674

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLATTER, JONATHAN
9730 STIRLING RD
HOLLYWOOD, FL 33024**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	DELAPUENTE, STUART	
STREET ADDRESS	9730 STIRLING ROAD	
CITY-ST-ZIP	HOLLYWOOD, FL 33024	
TITLE	T	<input type="checkbox"/> Delete
NAME	EDELSON, JAY	
STREET ADDRESS	9730 STIRLING ROAD	
CITY-ST-ZIP	HOLLYWOOD, FL 33024	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHUSYD, BYRNA	
STREET ADDRESS	9730 STIRLING ROAD	
CITY-ST-ZIP	HOLLYWOOD, FL 33024	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BLATTER, JONATHAN	
STREET ADDRESS	9730 STIRLING RD	
CITY-ST-ZIP	HOLLYWOOD, FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES KIESEL	
STREET ADDRESS	9730 STIRLING Rd	
CITY-ST-ZIP	HOLLYWOOD, FL 33024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or 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:

Jay E. Edelson **JAY E. EDELSON**

1/18/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #