FILED
Apr 25, 2003 8:00 am
Secretary of State
01-31-2003 90167 048 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727574

55030601

1. Entity Name
TEMPLE IN THE PINES, INC.

Principal Place of Business	Mailing Address
9730 STIRLING RD. HOLLYWOOD FL 33024	9730 STIRLING RD. HOLLYWOOD FL 33024

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

KIESEL, CHARLES
9730 STIRLING RD
HOLLYWOOD FL 33024

7. Name and Address of New Registered Agent

Name: JONATHAN BLATTER
Street Address (P.O. Box Number is Not Acceptable): 9730 STIRLING RD
City: HOLLYWOOD FL Zip Code: 33024

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: Jonathan A. Blatter 4-22-03
(Signature of new registered agent required when changing) Date

FILE NOW: FEE IS $61.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KIESEL, CHARLES 9730 STIRLING ROAD HOLLYWOOD FL 33024	☑ Delete	VP STUART DELAPUENTE 9730 STIRLING RD HOLLYWOOD, FL 33024	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCHULMAN, BEN 9730 STIRLING ROAD HOLLYWOOD FL 33024	☐ Delete	T JAY EDELSON 9730 STIRLING RD HOLLYWOOD, FL 33024	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHUSYD, SYRINA 9730 STIRLING ROAD HOLLYWOOD FL 33024	☐ Delete	S JONATHAN BLATTER 9730 STIRLING RD HOLLYWOOD, FL 33024	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: SIGNATURE REQUIRED Jay E. Edelson, Treas. 2/26/03
(Signature and typed or printed name of individual) Date Daytime Phone #