FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **737467** **(1)**

1. Corporation Name

TEMPLE OF THE ORACLES OF DELPHI, INC.

Principal Place of Business	Mailing Address
9500 PALMETTO CLUB LANE E. MIAMI FL 33157	9500 PALMETTO CLUB LANE E. MIAMI FL 33157

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/07/1976	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1705303	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROLLO, ROSE 9500 PALMETTO CLUB LANE E. MIAMI FL 33157	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: PD ROLLO ROSE — DATE: 4-25-95

Signature (type or print name of registered agent and title or capacity) — (If a Registered Agent signature is required above, mail to address)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	ROLLO, ROSE	12 NAME	
STREET ADDRESS	13700 SW 62ND ST, #125	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	ROLLO, CARMEN	22 NAME	
STREET ADDRESS	9100 S DIXIE HWY	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	
TITLE	SD	31 TITLE	SD ☑ Change ☐ Addition
NAME	PREWITT, MARLENE	32 NAME	PREWITT MARLENE
STREET ADDRESS	11420 NW 22ND ST.	33 STREET ADDRESS	300 D VERSAILLES DR.
CITY ST ZIP	HOLLYWOOD FL	34 CITY ST ZIP	MELBOURNE BEACH FL 32951
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	DINNIE, MERONEY	42 NAME	
STREET ADDRESS	7831 SW 56TH ST #211	43 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	44 CITY ST ZIP	
TITLE	SD	51 TITLE	☐ Change ☐ Addition
NAME	ROLLO, GEORGE	52 NAME	
STREET ADDRESS	9500 PALMETTO CLB LNE	53 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: P. D. Rose Rollo — 4-25-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Digitized Check #

0043424