

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 770898 (5)**  
 1. Corporation Name  
**THE LORD'S TEMPLE INC.**



Principal Place of Business 1 GRANT RD 1304 CARLTON AVE LAKE WALES FL 33853 US	Mailing Address C/O REV. WILLIAM WADDLE 1304 CARLTON AVE LAKE WALES FL 33853
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 10/25/1983	3a. Date of Last Report 05/16/1995
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4. FEI Number 59-2954588	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**WADDLE, WILLIAM**  
**1304 CARLTON AVE.**  
**LAKE WALES FL 33853**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 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	P	1.1 TITLE	P
NAME	BOWEN, DANIEL I	1.2 NAME	Bowen, Daniel I
STREET ADDRESS	1442 MORNING SIDE DR	1.3 STREET ADDRESS	1442 Morningside Dr
CITY-ST-ZIP	LAKE WALES FL	1.4 CITY-ST-ZIP	LAKE WALES FL 33853
TITLE	VP	2.1 TITLE	
NAME	MEDLEY, M. E.	2.2 NAME	
STREET ADDRESS	124 REEDY CREEK DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	BOWEN, REBECCA	3.2 NAME	
STREET ADDRESS	1442 MORNINGSIDE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	WADDLE, NELL	4.2 NAME	800001890578
STREET ADDRESS	1304 CARLTON AVE	4.3 STREET ADDRESS	-07/11/96--01018--016
CITY-ST-ZIP	LAKE WALES FL	4.4 CITY-ST-ZIP	***61.25
TITLE	ST	5.1 TITLE	
NAME	DOUGLAS, KATHY	5.2 NAME	
STREET ADDRESS	150 ILLINOISE AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BABSON PARK FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	DOUGLAS, ROBERT	6.2 NAME	
STREET ADDRESS	150 ILLINOISE AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BABSON PARK FL	6.4 CITY-ST-ZIP	

7-10-96  
 JR

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

SIGNATURE: Rebecca S. Bowen Rebecca S. Bowen 6-7-96 941-676-3192  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)