2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#770979

FILED Apr 24, 2008 Secretary of State

Entity Name: MOROCCO TEMPLE ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3800 ST. JOHNS BLUFF RD., S. 3800 ST. JOHNS BLUFF ROAD S JACKSONVILLE, FL 322242620 US

Current Mailing Address: New Mailing Address:

3800 ST. JOHNS BLUFF RD., S. P.O. BOX 16039 JACKSONVILLE, FL 322456039 US

FEI Number: 59-6153121 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DOSS, ARTHUR

3800 ST JOHNS BLUFF RD S

JACKSONVILLE, FL 32224 US

THIGPEN, GARY L

3800 ST JOHNS BLUFF RD S

JACKSONVILLE, FL 32224 US

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.

SIGNATURE: GARY L. THIGPEN 04/24/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:PD() DeleteTitle:PD(X) Change () AdditionName:ROUSE, JAMES W JR.Name:LUMPKIN, THOMAS LAddress:11355 WOODSONG LOOP SAddress:4642 CONFEDERATE OAKS ROADCity-St-Zip:JACKSONVILLE, FL 322251042City-St-Zip:JACKSONVILLE, FL 32210-612

Title: T () Delete Title: () Change () Addition Name: BACCASH, GEORGE Name:

 Name:
 BACCASH, GEORGE
 Name:

 Address:
 1476 AVONDALE AVE
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32205
 City-St-Zip:

Title: S () Delete Title: S (X) Change () Addition

Name:DOSS, ARTHUR LName:THIGPEN, GARY LAddress:6289 NANCY DRAddress:2337 TRANQUILITY LANE

City-St-Zip: JACKSONVILLE, FL City-St-Zip: GREEN COVE SPRINGS, FL 32043

 $\label{eq:time_def} \mbox{Title:} \qquad \mbox{D} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{() Change () Addition}$

 Name:
 OLIVER, CHARLES B
 Name:

 Address:
 17299 EAGLE BEND BLVD
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 322264287
 City-St-Zip:

Title: DVP () Delete Title: D (X) Change () Addition

 Name:
 LUMPKIN, THOMAS L
 Name:
 HOLDERFIELD, JIAMES A

 Address:
 4642 CONFEDERATE OAKS DRIVE
 Address:
 1404 SAINT ELMO DR.

City-St-Zip: JACKSONVILLE, FL 322106121 City-St-Zip: JACKSONVILLE, FL 322072176

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY L. THIGPEN S 04/24/2008