

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770979

FILED
Mar 23, 2009
Secretary of State

Entity Name: MOROCCO TEMPLE ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of Current Registered Agent:

THIGPEN, GARY L
3800 ST JOHNS BLUFF RD S
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LUMPKIN, THOMAS L
Address: 4642 CONFEDERATE OAKS ROAD
City-St-Zip: JACKSONVILLE, FL 32210

Title: T () Delete
Name: BACCASH, GEORGE
Address: 1476 AVONDALE AVE
City-St-Zip: JACKSONVILLE, FL 32205

Title: S () Delete
Name: THIGPEN, GARY L
Address: 2337 TRANQUILITY LANE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D () Delete
Name: OLIVER, CHARLES B
Address: 17299 EAGLE BEND BLVD
City-St-Zip: JACKSONVILLE, FL 322264287

Title: D () Delete
Name: HOLDERFIELD, JAMES A
Address: 1404 SAINT ELMO DR.
City-St-Zip: JACKSONVILLE, FL 322072176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: OLIVER, CHARLES B
Address: 3800 ST JOHNS BLUFF ROAD SOUTH
City-St-Zip: JACKSONVILLE, FL 32224

Title: T (X) Change () Addition
Name: HOWARD, JOHN
Address: 3800 ST JOHNS BLUFF ROAD SOUTH
City-St-Zip: JACKSONVILLE, FL 32224

Title: S (X) Change () Addition
Name: THIGPEN, GARY L
Address: 3800 ST JOHNS BLUFF ROAD SOUTH
City-St-Zip: JACKSONVILLE, FL 32224

Title: D (X) Change () Addition
Name: HOLDERFIELD, JAMES A
Address: 3800 ST JOHNS BLUFF ROAD SOUTH
City-St-Zip: JACKSONVILLE, FL 32224

Title: D (X) Change () Addition
Name: EDWARDS, THOMAS
Address: 3800 ST JOHNS BLUFF ROAD SOUTH
City-St-Zip: JACKSONVILLE, FL 32224

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 THIGPEN

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03/23/2009

Electronic Signature of Signing Officer or Director

Date