## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#770979** 

FILED Jan 26, 2011 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

3800 ST. JOHNS BLUFF RD., S.

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:

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:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: PD

Name: EDWARDS, THOMAS

Address: 3800 ST JOHNS BLUFF ROAD SOUTH

City-St-Zip: JACKSONVILLE, FL 32224

Title: 7

Name: HOWARD, JOHN

Address: 3800 ST JOHNS BLUFF ROAD SOUTH

City-St-Zip: JACKSONVILLE, FL 32224

Title: S

Name: THIGPEN, GARY L

Address: 3800 ST JOHNS BLUFF ROAD SOUTH

City-St-Zip: JACKSONVILLE, FL 32224

Title:

Name: BAKER, M. L

Address: 3800 ST JOHNS BLUFF ROAD SOUTH

City-St-Zip: JACKSONVILLE, FL 32224

Title:

Name: GREEN, DENNIS H.

Address: 3800 ST JOHNS BLUFF ROAD SOUTH

City-St-Zip: JACKSONVILLE, FL 32224

I hereby 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 all other like empowered.

SIGNATURE: GARY THIGPEN S 01/26/2011