

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000007657

1. Entity Name
**THE TEMPLE MOUNT AND LAND OF ISRAEL FAITHFUL
MOVEMENT, INC.**

Principal Place of Business
**5344 RED BUG LAKE ROAD
CASSELBERRY, FL 32718-1191**

Mailing Address
**POST OFFICE BOX 181191
CASSELBERRY, FL 32718**



01062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0575460

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GARRISON, KENNETH
5344 RED BUG LAKE ROAD
WINTER SPRINGS, FL 32708**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARRISON, KENNETH 325 PINEY RIDGE ROAD CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KLEIN, JON 1700 PERCH LANE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD O'BRYANT, JIM 5066 TANGERINE AVENUE WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD UNDERWOOD, HAROLD 1936 CRANBERRY ISLES WAY APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kenneth E. Garrison*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27 2004 *407 699 1011*
Date Daytime Phone #