2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 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	Mailing Address
5344 RED BUG LAKE ROAD CASSELBERRY, FL 32718-1191	POST OFFICE BOX 181191 CASSELBERRY, FL 32718

DO NOT WRITE IN THIS SPACE

03062006 No Chg-NP CR2E037 (11/05)

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

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

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GARRISON, KENNETH
STREET ADDRESS	325 PINEY RIDGE ROAD
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	VD
NAME	KLEIN, JON
STREET ADDRESS	1700 PERCH LANE
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	TD
NAME	O'BRYANT, JIM
STREET ADDRESS	5056 TANGERINE AVENUE
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	SD
NAME	WINGERTER, JAMES
STREET ADDRESS	1057 DISHMAN LOOP
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/25/06-80054-023 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Jim O'Bryant Jim O'Bryant 4-7-06 407 699-1011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #