


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N02000005617	
<b>1. Entity Name</b> TEMPLE DAVID FOUNDATION, INC.	

<b>Principal Place of Business</b> 100 S. ASHLEY DRIVE SUITE 1500 TAMPA, FL 33602	<b>Mailing Address</b> 100 S. ASHLEY DRIVE SUITE 1500 TAMPA, FL 33602
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04162004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 03-0478757	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

KALISH, WILLIAM  
100 S. ASHLEY DRIVE  
SUITE 1500  
TAMPA, FL 33602

**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 reinstating) **DATE** \_\_\_\_\_

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D KALISH, WILLIAM ESQ. 100 S. ASHLEY DRIVE #1500 TAMPA, FL 33602
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D LUKE, SHARON 101 RAINBOW DRIVE, #9176 LIVINGSTON, TX 77351
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D LUKE, DAVID 101 RAINBOW DRIVE, #9176 LIVINGSTON, TX 77351
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	

000000137093  
04/29/04-80026-001 61.25

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**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:** \_\_\_\_\_ **4/21/04** **813-283-7333**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #