


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 19, 2004 8:00 am**  
**Secretary of State**

02-19-2004 90027 011 \*\*\*\*61.25

<b>DOCUMENT # N37730</b> 1. Entity Name <b>DUNN'S TEMPLE, INC.</b>					
Principal Place of Business <b>2344 WOODLAND STREET JACKSONVILLE FL 32209</b>			Mailing Address <b>2344 WOODLAND STREET JACKSONVILLE FL 32209</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3012707</b>	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>DUNN, EVERLENA C. 1827 WELFORD RD JACKSONVILLE FL 32207</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DUNN, EVERLENA C.</b>		NAME		
STREET ADDRESS	<b>1827 WELFORD RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DUNN, HENRY, JR..</b>		NAME		
STREET ADDRESS	<b>1830 WELFORD RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ANDREWS, MARVEL</b>		NAME		
STREET ADDRESS	<b>2520 CLEAR CIR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BLUE, AMANDA</b>		NAME		
STREET ADDRESS	<b>1066 WEST 8TH STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE FL 32209</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DAVIS, DEBRA</b>		NAME		
STREET ADDRESS	<b>2551 CLEAR CIRCLE SOUTH</b>		STREET ADDRESS	<b>1873 WELFORD ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>		CITY-ST-ZIP	<b>JACKSONVILLE, FLA 32207</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CHRISTOPHER, CLAUDETTE</b>		NAME		
STREET ADDRESS	<b>1873 WELFORD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>		CITY-ST-ZIP		
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.					
<b>SIGNATURE: Everlena C. Dunn - EVERLENA C. DUNN 2/13/04</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <b>704-396-7906</b> Daytime Phone #	