2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# N37730

Entity Name: DUNN'S TEMPLE, INC.

Current Principal Place of Business:

2344 WOODLAND STREET
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

2344 WOODLAND STREET
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 59-3012707 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUNN, EVERLENA C.
1827 WELFORD RD
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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:	P	( ) Delete
Name:	DUNN, EVERLENA C.,	
Address:	1827 WELFORD RD	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	VP	( ) Delete
Name:	DUNN, HENRY, JR..,	
Address:	1830 WELFORD RD	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	S	( ) Delete
Name:	CHRISTOPHER, SPENCER	
Address:	1873 WELFORD RD	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	T	( ) Delete
Name:	BLUE, AMANDA,	
Address:	1066 WEST 8TH STREET	
City-St-Zip:	JACKSONVILLE, FL 32209	
Title:	D	( ) Delete
Name:	DAVIS, DEBRA	
Address:	1873 WELFORD RD.	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	D	( ) Delete
Name:	CHRISTOPHER, CLAUDETTE	
Address:	1873 WELFORD	
City-St-Zip:	JACKSONVILLE, FL 32207	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EVERLENA C. DUNN PRES 02/06/2009
Electronic Signature of Signing Officer or Director — Date