

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000000630 (3)

1. Corporation Name

THE TEMPLE OF THE TAO INC.



Principal Place of Business

Mailing Address

21312 WALLING COURT  
PORT CHARLOTTE FL 33954

SEE BELOW 21312 WALLING COURT  
PORT CHARLOTTE FL 33954

2. Principal Place of Business

2a. Mailing Address

21 17500 RICHLAND DR.

26 17500 RICHLAND DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 PORT CHARLOTTE, FL

28 PORT CHARLOTTE, FL

Zip

Country

Zip

Country

24 33953

25 USA

29 33953

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
02/02/1994

3a. Date of Last Report  
01/20/1995

4. FEI Number

65-0681148 65-0468148

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

HUSS, SCOTT L

21312 WALLING COURT 17500 RICHLAND DR.  
PORT CHARLOTTE FL 33954 33953

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME HUSS, SCOTT L  
STREET ADDRESS 21312 WALLING COURT  
CITY-ST-ZIP PORT CHARLOTTE FL 33954

TITLE VSD ☐ DELETE

NAME HUSS, ELLEN S  
STREET ADDRESS 21312 WALLING COURT  
CITY-ST-ZIP PORT CHARLOTTE FL 33954

TITLE D ☐ DELETE

NAME HUSS, JOYCE G  
STREET ADDRESS 1130 CIFTON ROAD  
CITY-ST-ZIP DELEON SPRINGS FL 32130

TITLE D ☐ DELETE

NAME MIGNONE, ROBERT M.D.  
STREET ADDRESS 3443-A TAMiami TR.  
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE D ☒ DELETE

NAME SINER, GREGG  
STREET ADDRESS 150 LEGRANDE BLVD.  
CITY-ST-ZIP AURORA IL

TITLE D ☒ DELETE

NAME POLITZ, SAM  
STREET ADDRESS 259 FILEDS TERRACE  
CITY-ST-ZIP PORT CHARLOTTE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME NANCY BLACKSTONE  
1.3 STREET ADDRESS 7858 SADDLE CREEK TR.  
1.4 CITY-ST-ZIP SARASOTA, FL 34241

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME NANCY DELLAMURA  
2.3 STREET ADDRESS 428 HAZELWOOD RD  
2.4 CITY-ST-ZIP VENICE, FL 34293

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME BETH WALDEN  
3.3 STREET ADDRESS 21327 BASSETT AV.  
3.4 CITY-ST-ZIP PORT CHARLOTTE, FL 33952

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME DANNY WALDEN  
4.3 STREET ADDRESS 21327 BASSETT AV.  
4.4 CITY-ST-ZIP PORT CHARLOTTE, FL 33952

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME LARRY REYES  
5.3 STREET ADDRESS 7120 ODOM PLACE  
5.4 CITY-ST-ZIP NORTH PORT, FL 34287

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME 600001746796  
6.3 STREET ADDRESS -03/18/96--01046--027  
6.4 CITY-ST-ZIP \*\*\*61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-96 (941) 743-4457

CR2E037 (12/95)