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FILED

Jan 16 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

17500 RICHLAND DR  
PORT CHARLOTTE FL 33953

Mailing Address

17500 RICHLAND DR  
PORT CHARLOTTE FL 33953-31283. Date Incorporated or Qualified  
02/02/19943a. Date of Last Report  
03/18/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

30

4. FEI Number

05-0681148 05-0468148

Applied For

X Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUSS, SCOTT L  
17500 RICHLAND DR  
PORT CHARLOTTE FL 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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☐ DELETE  
NAME HUSS, SCOTT L  
STREET ADDRESS 21312 WALLING COURT  
CITY-ST-ZIP PORT CHARLOTTE FL 33954TITLE VSD ☐ DELETE  
NAME HUSS, ELLEN S  
STREET ADDRESS 21312 WALLING COURT  
CITY-ST-ZIP PORT CHARLOTTE FL 33954TITLE D ☐ DELETE  
NAME HUSS, JOYCE G  
STREET ADDRESS 1130 CIFTON ROAD  
CITY-ST-ZIP DELEON SPRINGS FL 32130TITLE D ☐ DELETE  
NAME MIGNONE, ROBERT M.D.  
STREET ADDRESS 3443-A TAMiami TR.  
CITY-ST-ZIP PORT CHARLOTTE FLTITLE D ☐ DELETE  
NAME BLACKSTONE, NANCY  
STREET ADDRESS 7858 SADDLE CREEK TR  
CITY-ST-ZIP SARASOTA FL 34241TITLE D ☐ DELETE  
NAME REYES, LARRY  
STREET ADDRESS 7120 ODEM PLACE  
CITY-ST-ZIP NORTH PORT FL 342871.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME WALDEN, BETHANY  
1.3 STREET ADDRESS 21327 BASSETT AV.  
1.4 CITY-ST-ZIP PORT CHARLOTTE, FL 339522.1 TITLE D ☐ Change ☒ Addition  
2.2 NAME WALDEN, DANNY  
2.3 STREET ADDRESS 21327 BASSETT AV.  
2.4 CITY-ST-ZIP PORT CHARLOTTE, FL 339523.1 TITLE D ☐ Change ☒ Addition  
3.2 NAME REBECCA McMURRAY  
3.3 STREET ADDRESS 2850 MUGLONE LN.  
3.4 CITY-ST-ZIP NORTH PORT, FL 342864.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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

1-6-97 (941) 743-4457

Daytime Phone # 0067816

CR2E037 (9/96)