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Jan 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 02/02/1994

4. FEI Number 65-0468148	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent HUSS, SCOTT L 17500 RICHLAND DR PORT CHARLOTTE FL 33953

10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D WALDEN, BETHANY
STREET ADDRESS	21327 BASSETT AVE
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	<input type="checkbox"/> DELETE
NAME	D WALDEN, DANNY
STREET ADDRESS	21327 BASSETT AVE
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	<input type="checkbox"/> DELETE
NAME	D MCMURRAY, REBECCA
STREET ADDRESS	2850 MUGLONE LN
CITY-ST-ZIP	NORTH PORT FL
TITLE	<input type="checkbox"/> DELETE
NAME	D MIGNONE, ROBERT M.D.
STREET ADDRESS	3443-A TAMiami TR.
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	<input type="checkbox"/> DELETE
NAME	D BLACKSTONE, NANCY
STREET ADDRESS	7858 SADDLE CREEK TR
CITY-ST-ZIP	SARASOTA FL 34241
TITLE	<input type="checkbox"/> DELETE
NAME	D REYES, LARRY
STREET ADDRESS	7120 ODEM PLACE
CITY-ST-ZIP	NORTH PORT FL 34287

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PTD HUSS, SCOTT L
1.3 STREET ADDRESS	17500 RICHLAND DR.
1.4 CITY-ST-ZIP	PORT CHARLOTTE, FL. 33953
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VSD HUSS, ELLEN, S
2.3 STREET ADDRESS	17500, RICHLAND DR.
2.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33953
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D HUSS, JOYCE
3.3 STREET ADDRESS	1200 AMHERST ST.
3.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33953
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

NOTE: THESE THREE INDIVIDUALS ARE NOT CHANGES OR ADDITIONS THEY WERE INCORRECTLY OMITTED FROM THE LIST.

14. 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 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 address.

SIGNATURE: **SIGNATURE** 1-4-98 (941) 743-4457

CR2E037 (10/97)