

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001553 (4)

1. Corporation Name

TEMPLE OF WESTERN PURE LAND INC.

Principal Place of Business

1829 SIR LANCELOT CIRCLE
ST. CLOUD FL 34772

Mailing Address

1829 SIR LANCELOT CIRCLE
ST. CLOUD FL 34772-70163. Date Incorporated or Qualified
03/20/19963a. Date of Last Report
N/A

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3374719

Applied For

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

CHING-CHIN, CHU
1829 SIR LANCELOT CIRCLE
ST. CLOUD FL 34772

10. Name and Address of New Registered Agent

81 Name

SHIH, CHIEN-HSIN

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

1829 SIR LANCELOT CIRCLE

83

84 City

St. Cloud

FL

85 Zip Code

34772

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

CHIAH, SHIH

SHIH, CHIEN-HSIN

1-7-97

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	PTDC	<input type="checkbox"/> DELETE
NAME	SHIH, CHIEN-HSIN	
STREET ADDRESS	1829 SIR LANCELOT CIR.	
CITY-ST-ZIP	ST. CLOUD, FL 34772	
TITLE	SDC	<input type="checkbox"/> DELETE
NAME	CHU, CHING-CHIH	
STREET ADDRESS	1829 SIR LANCELOT CIR.	
CITY-ST-ZIP	ST. CLOUD, FL 34772	
TITLE	D.	<input type="checkbox"/> DELETE
NAME	CHU, SHU-CHU	
STREET ADDRESS	1829 SIR LANCELOT CIR.	
CITY-ST-ZIP	ST. CLOUD, FL 34772	
TITLE	D.	<input type="checkbox"/> DELETE
NAME	CHUANG, SU-CHUN	
STREET ADDRESS	1829 SIR LANCELOT CIR.	
CITY-ST-ZIP	ST. CLOUD, FL 34772	
TITLE	D.	<input type="checkbox"/> DELETE
NAME	WU, HSI-MEI	
STREET ADDRESS	1829 SIR LANCELOT CIR.	
CITY-ST-ZIP	ST. CLOUD, FL 34772	
TITLE	D.	<input type="checkbox"/> DELETE
NAME	LIU, MEI-HUS	
STREET ADDRESS	1829 SIR LANCELOT CIR.	
CITY-ST-ZIP	ST. CLOUD, FL 34772	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: CHIAH, SHIH

1-7-97

407-892-7724

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0070445

CR2E037 (9/96)