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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90056 001 \*\*\*\*61.25

DOCUMENT # N96000001553

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/20/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3374719

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

24 Zip

Country

29 Zip

Country

30 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHIH, CHIEN-HSIN  
1829 SIR LANCELOT CIRCLE  
ST. CLOUD FL 34772

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

*Chien-Hsin Shih*

(NOTE: Registered Agent signature required when reinstating)

DATE

2-25-1999

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTDC ☐ DELETE  
NAME SHIH, CHIEN-HSIN  
STREET ADDRESS 1829 SIR LANCELOT CIR  
CITY-ST-ZIP ST CLOUD FL

1.1 TITLE SDC ☐ Change ☐ Addition  
1.2 NAME VEN. Chin-Kung  
1.3 STREET ADDRESS 422 APLO ROAD  
1.4 CITY-ST-ZIP RICHARDSON TX 75081

TITLE SDC ☐ DELETE  
NAME CHU, CHING-CHIH  
STREET ADDRESS 1829 SIR LANCELOT CIR  
CITY-ST-ZIP ST CLOUD FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME CHIU, SHU-CHU  
STREET ADDRESS 1829 SIR LANCELOT CIR  
CITY-ST-ZIP ST CLOUD FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME CHUANG, SU-CHUN  
STREET ADDRESS 1829 SIR LANCELOT CIR  
CITY-ST-ZIP ST CLOUD FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME WU, HSI-MEI  
STREET ADDRESS 1829 SIR LANCELOT CIR  
CITY-ST-ZIP ST CLOUD FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME LIN, MIE-HUS  
STREET ADDRESS 1829 SIR LANCELOT CIR  
CITY-ST-ZIP ST CLOUD FL

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 an address, with all other like empowered.

SIGNATURE: *Chien-Hsin Shih* **SIGNATURE REQUIRED**

2-25-1999 (407) 892-7924

CR2E037 (11/98)