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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003169 (7)**

1. Corporation Name

BLUE'S TEMPLE OF GARRISVILLE, INC.

Principal Place of Business

Mailing Address

**744 COUNTY LINE ROAD
EAST PALATKA FL 32131**

**744 COUNTY LINE ROAD
EAST PALATKA FL 32131**



2. Principal Place of Business

2a. Mailing Address

21 744 County Line Road

26 P.O. Box 962

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 P.O. Box 962

27 East Palatka Fla.

City & State

City & State

23 East Palatka Fla.

28

Zip

Country

Zip

Country

24 32131

25 Putman

29 32131

30 Putman

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/12/1996

3a. Date of Last Report

4. FEI Number

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

**BLUE, WILLIE M
405 CARTER STREET
HASTINGS FL 32145**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BLUE, WILLIE M	
STREET ADDRESS	405 CARTER STREET	
CITY-ST-ZIP	HASTINGS FL 32145	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BLUE, ELIZABETH B	
STREET ADDRESS	405 CARTER STREET	
CITY-ST-ZIP	HASTINGS FL 32145	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KISER, WILLIAM T	
STREET ADDRESS	122 MCCORMACK ROAD	
CITY-ST-ZIP	EAST PALATKA FL 32131	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KISER, NETTIE J	
STREET ADDRESS	122 MCCORMACK ROAD	
CITY-ST-ZIP	EAST PALATKA FL 32131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **WILLIAM T. KISER** SIGNATURE REQUIRED

4-10-97 - 904-325-8397

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0077303

CR2E037 (9/96)