

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006072

FILED
Jul 23, 2008
Secretary of State

Entity Name: TEMPLE DAVID, INC.

Current Principal Place of Business:

2001 SWANN AVENUE
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

5205 E. 131 AVE.
TAMPA, FL 33617 US

New Mailing Address:

FEI Number: 59-3513641 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

RIVKIN, URIEL M
5205 E 131 AVE.
TAMPA, FL 33617 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DR. ROBERT, METNICK
Address: P.O. BOX 7816
City-St-Zip: CLEARWATER, FL 33758

Title: DT () Delete
Name: RIVKIN, URIEL M
Address: 5205 E. 131 AVE.
City-St-Zip: TAMPA, FL 33617

Title: D () Delete
Name: KALIN, DR. DAVID
Address: 11206 BLOOMINGTON DR
City-St-Zip: TAMPA, FL 33635

Title: S () Delete
Name: RIVKIN, DEVORAH
Address: 3721 WEST TACON ST
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: JOSEPH, APPEL
Address: 18103 LAFAYETTE PL
City-St-Zip: LUTZ, FL 33558

Title: PD () Delete
Name: RIWKIN, LAZAR
Address: PO BOX 24821
City-St-Zip: TAMPA, FL 33623

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAZAR RIWKIN

PD

07/23/2008

Electronic Signature of Signing Officer or Director

Date