

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04551

Entity Name: FRESH START TEMPLE INCORPORATED**Current Principal Place of Business:**409 CHEROKEE ST
JACKSONVILLE, FL 32254**Current Mailing Address:**P. O. BOX 3484
JACKSONVILLE, FL 32206**FEI Number:** 07-9872437**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SMITH, ELLENE CDR
853 FERNWAY STREET
JACKSONVILLE, FL 32208 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**Officer/Director Detail :**

Title	PD
Name	SMITH, ELLENE CDR.
Address	853 FERNWAY ST.
City-State-Zip:	JACKSONVILLE FL

Title	ASD
Name	WILLIAM, JANICE
Address	6370 TOYOTA DRIVE
City-State-Zip:	JACKSONVILLE FL 32244

Title	T
Name	MCAD00, KERRY
Address	1950 PAINE AVENUE #2
City-State-Zip:	JACKSONVILLE FL 32211

Title	VD
Name	WILLIAMS, JOHN A
Address	6370 TOYOTA DRIVE
City-State-Zip:	JACKSONVILLE FL 32244

Title	AS
Name	WRIGHT, CHERYL A
Address	7233 OXFORDSHIRE AVE
City-State-Zip:	JACKSONVILLE FL 32219

Title	AT
Name	WILLIAMS, ZORICA
Address	3690 KIRK PATRICK CIRCLE UNIT 1
City-State-Zip:	JACKSONVILLE FL 32210

I hereby 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 all other like empowered.

SIGNATURE: ELLENE SMITH

P

03/06/2014

Electronic Signature of Signing Officer/Director Detail_____
Date