

2016 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	VD, TRUSTEE
Name	WILLIAMS, JOHN A
Address	6370 TOYOTA DRIVE
City-State-Zip:	JACKSONVILLE FL 32244

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

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

Title	CORRESPONDING SECRETARY
Name	ORANGE, JACQUELYN
Address	3653 AUGUST CROSSING COURT
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 C. SMITH

PD

03/12/2016

Electronic Signature of Signing Officer/Director Detail_____
Date