

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000003539

**Entity Name:** IMMANUEL TEMPLE INC.

**Current Principal Place of Business:**

625 SW 146 TERRACE  
PEMBROKE PINES, FL 33027

**Current Mailing Address:**

PO BOX 823208  
PEMBROKE PINES, FL 33082 US

**FEI Number:** 45-4972042

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WHITE, JOHN F II  
625 SW 146 TERRACE  
PEMBROKE PINES, FL 33027 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:** JOHN F. WHITE II

04/17/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title OFC  
Name DAWKINS, AMY  
Address 2520 NW 121ST STREET MIAMI FL  
City-State-Zip: MIAMI FL 33167

Title OFC  
Name STAFFORD, CLEO  
Address 14115 NW 17TH AVENUE  
City-State-Zip: MIAMI FL 33167

Title OFC  
Name JOHNSON, CARLA  
Address 15119 NW 38TH PLACE MIAMI FL  
33186  
City-State-Zip: MIAMI FL 33186

Title OFC  
Name CROSKEY, LUVERNICE  
Address 1610 NW 170 TERRACE  
City-State-Zip: MIAMI GARDENS FL 33169

Title CHAIRMAN  
Name WHITE, JOHN F II  
Address 625 SW 146 TERRACE  
City-State-Zip: PEMBROKE PINES FL 33027

*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:** JOHN F WHITE II

CHAIRMA

04/17/2013

Electronic Signature of Signing Officer/Director Detail

Date