

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 15 PM 3:16

DOCUMENT # **N16989** (8)

1. Corporation Name

TEMPLE OF LOVE AND HEALING, U.C.M. CHARTER NO. 7  
59, INC.

Principal Place of Business

Mailing Address

LOVV  
TEMPLE OF LOVE & HEALING  
3700 40TH AVE N  
ST. PETERSBURG FL 33714  
US

150 28TH AVENUE NORTH  
C/O JEANETTE FISHER  
ST. PETERSBURG FL 33704

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/25/1986</b>	3a. Date of Last Report <b>02/17/1994</b>
4. FEI Number <b>59-2807316</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75 Supplemental Fee Not Required</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FISHER, JEANETTE  
150 28TH AVENUE NORTH  
ST. PETERSBURG FL 33704

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, JEANETTE	1.2 NAME	
STREET ADDRESS	150 28TH AVENUE N.	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, CONNIE M.	2.2 NAME	D
STREET ADDRESS	165 112TH AVE #B-2	2.3 STREET ADDRESS	IVONNE ANDERSON
CITY - ST - ZIP	TREASURE ISLAND FL	2.4 CITY - ST - ZIP	11360 144TH. ST.; LARGO, FL. 34644
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARMOUR, MARY	3.2 NAME	
STREET ADDRESS	9301 49TH STREET N. #248	3.3 STREET ADDRESS	
CITY - ST - ZIP	PINELLAS PARK FL	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GABBERTY, DELORES	4.2 NAME	LORRAINE BATES
STREET ADDRESS	1927 21ST AVENUE NORTH	4.3 STREET ADDRESS	655 OSCEOLA CT. N.E.
CITY - ST - ZIP	ST. PETERSBURG FL	4.4 CITY - ST - ZIP	ST. PETERSBURG, FL. 33702
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMOND, EVERETT	5.2 NAME	
STREET ADDRESS	4714 30TH AVE. N.	5.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	5.4 CITY - ST - ZIP	
TITLE	SD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, SHIRLEY	6.2 NAME	
STREET ADDRESS	3301 58TH AVE. N. #400	6.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with no address.

SIGNATURE:

*Jeanette Fisher*

JEANETTE FISHER

2/10/95

813-823-7110