

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

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

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

3. Date Incorporated or Qualified **09/25/1986** 3a. Date of Last Report **02/15/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	59-2807316	Not Applicable
23	City & State	City & State	28	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	Country	29	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25		30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and fee, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD FISHER, JEANETTE 150 28TH AVENUE N. ST. PETERSBURG FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D ANDERSON, IVONNE 11360 144TH ST LARGO FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D DARMOUR, MARY 9301 49TH STREET N. #248 PINELLAS PARK FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	D. DARLENE SCHWAM
STREET ADDRESS		3.3 STREET ADDRESS	448 39TH AVENUE N.E.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33703
TITLE	TD BATES, LORRAINE 655 OSCEOLA CT NE ST. PETERSBURG FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VD HAMMOND, EVERETT 4714 30TH AVE. N. ST. PETERSBURG FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	SD MARTIN, SHIRLEY 3301 58TH AVE, N. #400 ST. PETERSBURG FL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	PATRICK SWEENEY
STREET ADDRESS		6.3 STREET ADDRESS	3850 13TH AVENUE N. #212
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33713

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jeanette Fisher Rev. JEANETTE FISHER 2/14/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

813-823-7110

CR2E037 (12/95)