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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N16989

(8)

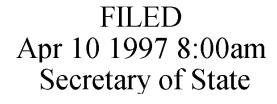
TEMPLE OF LOVE AND HEALING, U.C.M. CHARTER NO. 7 59, INC.

SIGNATURE: Ren Keanette Jicher

Principal Place of Business

Mailing Address

TEMPLE OF LOOS & HEALING 8700 40TH AVE N ST. PETERSBURG FL 33714 150 28TH AVENUE NORTH C/O JEANETTE FISHER ST. PETERSBURG FL 33704-2933





3. Date Incorporated or Qualified 3a. Date of Last Report

por terr						09/25/1986			02/21/1996		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	<u>L</u>		qΑ	plied For	
21	26					59-2807316		Not Applicable			
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Dosired				Additional	
22 Chu & Cha		City & Stole								quired	
City & State City & State						6. Flection Campaign Financing				May Be	
23 Zip	Country	7 ₁ p	Cour	ntrv		Trust Fund Contribution				o Fees	
24	25	29	30	in y		This corporation has liability f Florida Statutes	or intangib	ie tax ui	ider s.	199.032,	
<u> </u>	9. Name and Address of Curren		130)		·	10. Name and Address of New					
		· ·		B1	Name						
EIGHED	JEANETTE			20	0	10.0 0					
FISHER, JEANETTE 150 28TH AVENUE NORTH					82 Street Address (P.O. Box Number is Not Acceptable)						
ST. PETERSBURG FL 33704			83								
01. 721	ENODONO I E 00704		1			·	 	· ·			
			}	84	City		F	85	Zip C	Code	
11. Pursuant	to the provisions of Sections 617.050, registered agent, or both, in the State	2 and 617.1508, Florida Statut	tes, the ab	ove	e-named corpo	oration submits this statement for th		-	aina itr	s registered	
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such change was a	authorized	i by	the corporation	on's board of directors. I hereby ac	cept the ar	pointme	ent as i	registered	
-	in ignisial will, and accept the conge	mons of, section of 1.0000, 7 h	Onda Diaii	200	,						
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if applicable (NOT	E: Registered	Age	ni signature require	ed when reinstating)	DATE				
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OF	FICERS AT	ID DIRE	CTOR	S IN 12	
TITLE	PD	☐ DELETE	1.1 TiT	LE		-		☐ Ci	hange	Addition	
NAME	FISHER, JEANETTE		1.2 NA	ME	}						
STREET ADDRESS	150 28TH AVENUE N.		1.3 STF	REET,	ADDRESS				1		
CITY+ST-ZIP	ST. PETERSBURG FL		1.4 CIT	Y - S1	1 - ZIP	· · · · · · · · · · · · · · · · · · ·		<u> </u>			
TITLE] D	☐ DELETE	21 111	LF				☐ CI	hange	Addition	
NAME	ANDERSON, IVONNE		2.2 NAI	ME	}						
STREET ADDRESS	11360 144TH ST		2.3 STF	REET,	ADDRESS						
CITY-ST-ZIP	LARGO FL				ST-21P						
TITLE	D	DELETE	3.1 111)			L. CI	iange	Addition	
NAME	SCHWALM DARLENE		3.2 NA	ME							
STREET ADDRESS	448 39TH AVENUE NE		3 3 516	REET	ADDRESS						
CITY-ST-ZIP	ST. PETERSBURG FL	T priese	3.4. Ci		31 - ZIP	·	·			F 4 4 500	
TITLE	TD	☐ DELETE	4,1 1(1)					- CI	ange	☐ Addition	
NAME	BATES, LORRAINE		4. 2 NA		ļ						
STREET ADDRESS	655 OSCEOLA CT NE				ADDRESS						
CITY-ST-ZIP	ST. PETERSBURG FL	Thought	4.4 CIT		1-ZIP					T Address	
TITLE	VD	☐ DELETE	5.1 111					() CI	ian)ge		
NAME	HAMMOND, EVERETT		5.2 NAI								
STREET ADDRESS	4714 30TH AVE. N.				ADDRESS						
CITY-ST-ZIP	ST. PETERSBURG FL	DELETE	5.4 CIT		T - ZIP					Addition.	
TITLE	SD SATDION	☐ DETER	6.1 TH					☐ CI	ылде	Addition	
NAME	SWEENEY, PATRICK	ломо	6.2 NA								
STREET ADDRESS	3850 13TH AVENUE NORTH,	#212			ADDRESS						
CITY-ST-ZIP	ST. PETERSBURG FL by certify that the information supplied	with this filing does not avail	6.4 Cit			in Contine 110 07/2V// Elevisia Conti	ton I fact	or code	u that i	he	
informatio	by certify that the information supplied on this annual report or sofficer or director of the corporation or the Rich 12 or Block 12 if the period or the corporation or the Rich 12 or Block 12 if the period or the Rich 12 or Block 12 if the period or the Rich 12 or Block 12 if the period or the Rich 12 or Block 12 if the period or the Rich 12 if the period of the Rich 12 if the Ric	upplemental annual report is the receiver or trustee empow	true and a	keci ccn svei	irate and that i ute this report	my signature shall have the same le as required by Chapter 617, Florid	egal offect a Statutes;	es if ma and tha	y mact de und t my n	fier oath; that ame	