


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1998 8:00am  
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>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<br><b>TEMPLE OF LOVE &amp; HEALING<br/>3700 40TH AVE N<br/>ST. PETERSBURG FL 33714<br/>US</b> | Mailing Address<br><b>150 28TH AVENUE NORTH<br/>C/O JEANETTE FISHER<br/>ST. PETERSBURG FL 33704</b> |
|---|---|

|  |   |
|--|---|
| 2. Principal Place of Business<br>21 <b>AS ABOVE</b> | 2a. Mailing Address<br>26 <b>AS ABOVE</b> |
| Suite, Apt. #, etc.<br>22                            | Suite, Apt. #, etc.<br>27                 |
| City & State<br>23                                   | City & State<br>28                        |
| Zip<br>24  | Country<br>25                             |
| Zip<br>29  | Country<br>30                             |

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>09/25/1986</b>  |  |
| 4. FEI Number<br><b>59-2807316</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |  |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |
| 8. This corporation owes or has paid the current year franchise Personal Property Tax due June 30.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>File Exempt.</i> |  |

9. Name and Address of Current Registered Agent  
**FISHER, JEANETTE  
150 28TH AVENUE NORTH  
ST. PETERSBURG FL 33704**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name<br><b>As Listed</b>                           |             |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City<br><b>FL</b>                                  | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>PD</b> <input type="checkbox"/> DELETE            | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>FISHER, JEANETTE</b>                              | 1.2 NAME  |   |
| STREET ADDRESS             | <b>150 28TH AVENUE N.</b>                            | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>ST. PETERSBURG FL</b>                             | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE             | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ANDERSON, IVONNE</b>                              | 2.2 NAME  |   |
| STREET ADDRESS             | <b>11380 144TH ST</b>                                | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>LARGO FL</b>                                      | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE             | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SCHWALM, DARLENE</b>                              | 3.2 NAME  |   |
| STREET ADDRESS             | <b>448 39TH AVENUE NE</b>                            | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>ST. PETERSBURG FL</b>                             | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>TD</b> <input type="checkbox"/> DELETE            | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BATES, LORRAINE</b>                               | 4.2 NAME  |   |
| STREET ADDRESS             | <b>655 OSCEOLA CT NE</b>                             | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>ST. PETERSBURG FL</b>                             | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>VD</b> <input checked="" type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>HAMMOND, EVERETT</b>                              | 5.2 NAME  |   |
| STREET ADDRESS             | <b>4714 30TH AVE. N.</b>                             | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>ST. PETERSBURG FL</b>                             | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>SD</b> <input type="checkbox"/> DELETE            | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SWEENEY, PATRICK</b>                              | 6.2 NAME  |   |
| STREET ADDRESS             | <b>3850 13TH AVENUE NORTH, #212</b>                  | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>ST. PETERSBURG FL</b>                             | 6.4 CITY-ST-ZIP                                       |   |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **REVM. J. FISHER** *Rev. J. Fisher* 2-17-98 813-823-7110 813-522-7133

CR2E037 (10/97)