

**2000 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90039 010 \*\*\*\*70.00

**DOCUMENT # N16989**

1. Entity Name  
**TEMPLE OF LOVE AND HEALING, U.C.M. CHARTER NO. 7**

Principal Place of Business      Mailing Address

**TEMPLE OF LOVE & HEALING**      **150 28TH AVENUE NORTH**  
**3700 40TH AVE N**      **C/O JEANETTE FISHER**  
**ST. PETERSBURG FL 33714**      **ST. PETERSBURG FL 33704-2933**  
**US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

6. Name and Address of Current Registered Agent

**FISHER, JEANETTE**      **PRES. & PASTOR**  
**150 28TH AVENUE NORTH**  
**ST. PETERSBURG FL 33704**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2807316**      Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

8. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>FISHER, JEANETTE</b> <input type="checkbox"/> Delete <b>PRES. &amp; PASTOR</b> <b>150 28TH AVENUE N.</b> <b>ST. PETERSBURG FL</b> <b>D</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>D</b> <b>ANDERSON, WONNE</b>      <input checked="" type="checkbox"/> Delete <b>11360 144TH ST</b> <b>LARGO FL</b></del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>D</b> <b>SCHWALM, DARLENE</b>      <input checked="" type="checkbox"/> Delete <b>448 39TH AVENUE NE</b> <b>ST. PETERSBURG FL</b></del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>MURRAY, FRANK</b> <input type="checkbox"/> Delete <b>TREASURER</b> <b>5291 42ND AVE N</b> <b>ST. PETERSBURG FL 33713</b> <b>D</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>DES VOIGNES, LOIS</b> <input type="checkbox"/> Delete <b>CORR. SECRET.</b> <b>721 PINELLAS PT DR</b> <b>ST. PETERSBURG FL 33705</b> <b>D</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**ALYCE ALDRIDGE**      **TRUSTEE**     

**9693 86TH AVENUE N.**  
**SEMINOLE, FLORIDA 33776**

Change       Addition

**SALLY HOOTMAN**      **REC. SECRET.**     

**7253 118TH CIRCLE N.**  
**LARGO, FLORIDA 33773**

Change       Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Jeannette Fisher*      **Rev. Jeannette Fisher**      **1-28-2000**      **727-823-7110**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #