

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
 3700 40TH AVE N
 ST. PETERSBURG FL 33714
 US**

**150 28TH AVENUE NORTH
 C/O JEANETTE FISHER
 ST. PETERSBURG FL 33704-2933**

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	PD FISHER, JEANETTE PRES. & PASTOR 150 28TH AVENUE N. ST. PETERSBURG FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, WONNE 11360 144TH ST LARGO FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALYCE ALDRIDGE TRUSTEE 9693 86TH AVENUE N. SEMINOLE, FLORIDA 33776 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWALM, DARLENE 448 39TH AVENUE NE ST. PETERSBURG FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SALLY HOOTMAN REC. SECRET. 7253 118TH CIRCLE N. LARGO, FLORIDA 33773 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MURRAY, FRANK TREASURER 5291 42ND AVE N ST. PETERSBURG FL 33713 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DES VOIGNES, LOIS CORR. SECRET. 721 PINELLAS PT DR ST. PETERSBURG FL 33705 <input type="checkbox"/> Delete	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

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: *Rev. Jeanette Fisher* **Rev. Jeanette Fisher** 1-28-2000 137-823-7110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #