

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16989

FILED
Jan 09, 2008
Secretary of State

Entity Name: TEMPLE OF LOVE AND HEALING, U.C.M. CHARTER NO. 759, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

C/O SARAH NOVAK, PRESIDENT
3700 40TH AVE N
ST. PETERSBURG, FL 33704

New Mailing Address:

FEI Number: 59-2807316 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NOVAK, SARAH R
6170 84TH AVE N
PINELLAS PARK, FL 33781 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: HINZ, JACKIE
Address: 93264 CIRCLE DRIVE
City-St-Zip: PINELLAS PK, FL 33782

Title: PD () Delete
Name: NOVAK, SARAH
Address: 6170 84TH AVE N
City-St-Zip: PINELLAS PARK, FL 33781

Title: TD () Delete
Name: KINNEY, JOAN
Address: 5364 53 ST N
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: SD () Delete
Name: BRUNNER, VICKIE
Address: 3810 42ND AVENUE N
City-St-Zip: ST. PETERSBURG, FL 33714

Title: D () Delete
Name: MANN, EDWARD
Address: 504 50TH AVE SO
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: D () Delete
Name: AMYOT, MARJORIE
Address: 6800 PARK ST S #701
City-St-Zip: SOUTH PASADENA, FL 33707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARAH NOVAK

PD

01/09/2008

Electronic Signature of Signing Officer or Director

_____ Date