2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16989

FILED Mar 24, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

TEMPLE OF LOVE & HEALING 3700 40TH AVE N

ST. PETERSBURG, FL 33714 US

Current Mailing Address: New Mailing Address:

TEMPLE OF LOVE & HEALING 3700 40TH AVE N

ST. PETERSBURG, FL 33714 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NOVAK, SARAH R 6170 84TH AVE N

PINELLAS PARK, FL 33781 US

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: D

Name: RUSSELL, JUDY

Address: 6220 GRETNA GREEN CT N City-St-Zip: PINELLAS PARK, FL 33781

Title: PD

Name: NOVAK, SARAH Address: 6170 84TH AVE N

City-St-Zip: PINELLAS PARK, FL 33781

Title: TD

Name: SOMMER, SANDRA Address: 3980 56TH AVE N

City-St-Zip: SAINT PETERSBURG, FL 33714

Title: SD

 Name:
 BRUNNER, VICKIE

 Address:
 3810 42ND AVENUE N

 City-St-Zip:
 ST. PETERSBURG, FL 33714

Title: V

Name: MANN, EDWARD Address: 504 50TH AVE SO

City-St-Zip: SAINT PETERSBURG, FL 33705

Title: [

Name: HINZ, JACKIE Address: 93264 CIRCLE DR

City-St-Zip: PINELLAS PARK, FL 33782

I hereby 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 all other like empowered.

SIGNATURE: SARAH NOVAK PRES 03/24/2012