

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
 04-24-2001 90265 006 *****61.25

DOCUMENT # N97000004496

1. Entity Name

WACTOR TEMPLE LIVING/LEARNING CENTER, INC.

Principal Place of Business

5632 NW 31ST AVE.
 MIAMI FL 33142

Mailing Address

5632 NW 31ST AVE.
 MIAMI FL 33142

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0780884

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILEY, MARVA L
~~1717 N BAYSHORE DR~~
~~3842~~ ⁵⁰
 MIAMI FL 33132

125 NW 89th St.
 Miami, FL 33150

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **PM** ☐ Delete
 NAME **MCRAE, ANNIE M REV**
 STREET ADDRESS **2031 NW 93RD ST**
 CITY-ST-ZIP **MIAMI FL 33147**

TITLE **D** ☐ Change ☒ Addition
 NAME **Tinsley, Girtlean**
 STREET ADDRESS **8840 NW 23rd Avenue**
 CITY-ST-ZIP **Miami, FL 33147**

TITLE **VSD** ☐ Delete
 NAME **HOLMES, VIOLA**
 STREET ADDRESS **155 NW 209 ST**
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **CHANEY, DOROTHY**
 STREET ADDRESS **1129 NW 105 ST**
 CITY-ST-ZIP **MIAMI FL 33150**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **BELLAMY, SUSIE**
 STREET ADDRESS **1432 NE 146TH ST**
 CITY-ST-ZIP **MIAMI FL 33161**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **CUMBIE, LOVENIA A**
 STREET ADDRESS **15261 SW 103RD AVE**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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. Annie M. McRae

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rev. Annie M. McRae 4/17/2001 305-691-1525

Date

Daytime Phone #

CR2E037 (10/00)