

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012599

FILED
Apr 17, 2013
Secretary of State
CC9906695392

Entity Name: TEMPLE OF LIGHT FELLOWSHIP MINISTRIES, INC.

Current Principal Place of Business:

11127 LEM TURNER ROAD
JACKSONVILLE, FL 32218

Current Mailing Address:

8959 SPRING HARVEST LANE WEST
JACKSONVILLE, FL 32244

FEI Number: 20-3840434

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MOORE, HERBERT C
8959 SPRING HARVEST LANE WEST
JACKSONVILLE, FL 32244 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

Officer/Director Detail :

Title P
Name MOORE, HERBERT
Address 8959 SPRING HARVEST LANE WEST
City-State-Zip: JACKSONVILLE FL 32244

Title VP
Name MOORE, BETTY
Address 8959 SPRING HARVEST LANE WEST
City-State-Zip: JACKSONVILLE FL 32244

Title D
Name WILLIAMS, SHANA
Address 12450 BISCAYNE BLVD
City-State-Zip: JACKSONVILLE FL 32218

Title D
Name SAMUELS, VINCENT G
Address 1530 REFLECTIONS STREET
City-State-Zip: CLERMONT FL 34711

Title D
Name WASHINGTON, MONIQUE
Address 1610 ELIZABETH STREET
City-State-Zip: JACKSONVILLE FL 32206

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: BETTY MOORE

VP

04/17/2013

Electronic Signature of Signing Officer/Director Detail

Date