

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000005407

**Entity Name:** :THE-TEMPLE-OF-MAURI-BERBERS-AMEN-RA:TRUST INC**Current Principal Place of Business:**C/O 6250 ARTHUR DURHAM DR  
JACKSONVILLE, FL 32210**Current Mailing Address:**P.O.BOX 542  
LAKE COMO, FL 32157-9998 US**FEI Number:** 45-5065549**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**JSW MOORISH TEMPLE OF AMEN-RA EL OSIRIS3RD DYNASTY NORTH GATE  
CARE OF P,O BOX 542  
LAKE COMO , FL 32157 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:** PRINCE MENKHEPERURE RA OSIRIS -EL

04/04/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name RA EL OSIRIS, MENKHEPERURE  
Address 6250 ARTHUR DURHAM DR  
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR  
Name WISE, JAMES SAMUEL  
Address CARE OF P,O. BOX 542  
City-State-Zip: LAKE COMO FL 32157

Title VP  
Name BEY, CLARENCE MAURICE  
Address P.O. BOX 12366  
City-State-Zip: JACKSONVILLE FL 32209

Title AMBASSADOR DIRECTOR  
Name EL, PRINCE JAKOPO DZIMAENDIAS  
AMBASSADOR  
Address P.O.BOX 351895  
City-State-Zip: JACKSONVILLE FL 32235

Title S  
Name RA - EL , QAUNNA ZURI  
Address 1227 FAIR FAX ST  
City-State-Zip: JACKSONVILLE FL 32206

Title FILE AMBASSADOR MINISTER  
Name ::VALADEZ., :FELIPE- -AYALA-B-  
Address P.O. BOX 37  
City-State-Zip: JACKSONVILLE FL 32157

*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:** RA EL OSIRIS MENKHEPERURE

DIRECTOR

04/04/2023

Electronic Signature of Signing Officer/Director Detail

Date