

2024 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 OSIRIS 3RD 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

03/02/2024

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

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03/02/2024

Electronic Signature of Signing Officer/Director Detail

Date