2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000005407

Entity Name: :THE-TEMPLE-OF-MAURI-BERBERS-AMEN-RA:TRUST INC

FILED
Mar 30, 2020
Secretary of State
6976375321CC

Current Principal Place of Business:

C/O 289 OLD HIGHWAY 17 CRESCENT CITY. FL 32112

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 3687 STAR LEAF RD W JACKSONVILLE, FL 32210 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

03/30/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title D Title T

Name RA EL OSIRIS, MENKHEPERURE Name EL BEY, PATRICIA-INELE

Address 3687 STAR LEAF RD W Address 1265 OLD HWY 17

City-State-Zip: JACKSONVILLE FL 32210 City-State-Zip: CRESCENT CITY FL 32112

Title VP Title AMBASSADOR DIRECTOR

Name BEY, CLARENCE MAURICE Name EL, PRINCE JAKOPO DZIMAENDIAS

AMBASSADOR

Address P.O. BOX 12366 Address P.O.BOX 351895

City-State-Zip: JACKSONVILLE FL 32209 City-State-Zip: JACKSONVILLE FL 32235

Title S

Address

Title FILE AMBASSADOR MINISTER
Name RA - EL . QAUNNA ZURI

Name EL, SHABAKA AMENTUANKH

KHAIRES HERUKHUTIUTI

City-State-Zip: JACKSONVILLE FL 32206 Address 6133 RALELGITT ST

City-State-Zip: ORLANDO FL 32835

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

1227 FAIR FAX ST

DIRECTOR

03/30/2020