

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16989

FILED
Apr 29, 2014
Secretary of State
CC1733902764

Entity Name: TEMPLE OF LOVE AND HEALING, U.C.M. CHARTER NO. 759, INC.

Current Principal Place of Business:

TEMPLE OF LOVE & HEALING
3700 40TH AVE N
ST. PETERSBURG, FL 33714

Current Mailing Address:

TEMPLE OF LOVE & HEALING
3700 40TH AVE N
ST. PETERSBURG, FL 33714 US

FEI Number: 59-2807316

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

NOVAK, SARAH R
6170 84TH AVE N
PINELLAS PARK, FL 33781 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 PD
Name NOVAK, SARAH
Address 6170 84TH AVE N
City-State-Zip: PINELLAS PARK FL 33781

Title TD
Name SOMMER, SANDRA
Address 3980 56TH AVE N
City-State-Zip: SAINT PETERSBURG FL 33714

Title SD
Name EISNER, HOWARD
Address 2001 83 AVE N
#5024
City-State-Zip: ST. PETERSBURG FL 33702

Title V
Name MANN, EDWARD
Address 504 50TH AVE SO
City-State-Zip: SAINT PETERSBURG FL 33705

Title D
Name ALDRIDGE, ALYCE
Address 6916 STONES THROW CIR
#9304
City-State-Zip: SAINT PETERSBURG FL 33710

Title D
Name CEDRONE, FRANCO
Address P O BOX 15251
City-State-Zip: SARASOTA FL 34277

Title D
Name LEE, JUDY
Address 250 58ST N
APT 1502
City-State-Zip: ST PETERSBURG FL 33710

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: SARAH NOVAK

PRES

04/29/2014

Electronic Signature of Signing Officer/Director Detail

Date