

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16989

**FILED
Apr 27, 2019
Secretary of State
5185087868CC**

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: No

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 SD
Name HINZ, JACQUELINE
Address 7264 MOFFATT LANE
City-State-Zip: PINELLAS PARK FL 33781

Title V
Name HEFLEY, FAY
Address 14300 66ST N LOT421
City-State-Zip: CLEARWATER FL 33764

Title D
Name HAWK, MADGELYN
Address 6372 126TH AVE LOT 95
City-State-Zip: LARGO FL 33773

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

Title DIRECTOR
Name RUSSELL, JUDY
Address 6220 GRETNA GREEN CT N
City-State-Zip: PINELLAS PARK FL 33781

Title TD
Name ANAHATA, DONNA
Address 9801 135TH ST.
City-State-Zip: SEMINOLE FL 33776

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: DONNA ANAHATA

TREASURER

04/27/2019

Electronic Signature of Signing Officer/Director Detail

Date