2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16989

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

INC.

Apr 24, 2013 Secretary of State CC2952756405

FILED

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 Title

RUSSELL, JUDY Name Name NOVAK, SARAH 6220 GRETNA GREEN CT N Address Address 6170 84TH AVE N

City-State-Zip: PINELLAS PARK FL 33781 City-State-Zip: PINELLAS PARK FL 33781

Title SD Title TD

EISNER. HOWARD Name SOMMER, SANDRA Name Address 2001 83 AVE N 3980 56TH AVE N Address #5024

City-State-Zip: SAINT PETERSBURG FL 33714 City-State-Zip: ST. PETERSBURG FL 33702

Title

Title D MANN, EDWARD Name Name ALDRIDGE, ALYCE

Address 6916 STONES THROW CIR #9304

SAINT PETERSBURG FL 33705 City-State-Zip:

City-State-Zip: SAINT PETERSBURG FL 33710

Title D

Address

DAVIS, RICHARD Name Address 633 36TH AVE N

City-State-Zip: SAINT PETERSBURG FL 33704

504 50TH AVE SO

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 **PRESIDENT** 04/24/2013