## 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16989

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

INC.

**FILED** Mar 22, 2021 **Secretary of State** 1995996778CC

## **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:

Address

Electronic Signature of Registered Agent

City-State-Zip:

Officer/Director Detail:

Title **PRESIDENT** VΡ Title

NOVAK, SARAH Name Name BRUNNER, VICKIE Address 6170 84TH AVE N Address 6721 37 AVE N

City-State-Zip: ST PETERSBURG FL 33710 City-State-Zip: PINELLAS PARK FL 33781

Title **TREASURER** Title DIRECTOR Name RUSSELL, JUDY ALDRIDGE, ALYCE Name

Address 6220 GRETNA GREEN CT N 10951 JOHNSON BLVD Address

H-419

City-State-Zip: SEMINOLE FL 33776

Title DIRECTOR Name DAVIS, RICHARD 4736 2 AVE N

City-State-Zip: ST PETERSBURG FL 33711

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: JUDY RUSSELL Electronic Signature of Signing Officer/Director Detail

**TREASUER** 

PINELLAS PARK FL 33781

03/22/2021

Date