

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16989

FILED
Mar 28, 2015
Secretary of State
CC3554312269

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

Title D
Name ALDRIDGE, ALYCE
Address 8300 BARDMOOR BLVD UNIT107
City-State-Zip: SEMINOLE FL 33777

Title D
Name LUSIS, KARMENE
Address PO BOX 6144
City-State-Zip: CLEARWATER FL 33758

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

PRESIDENT

03/28/2015

Electronic Signature of Signing Officer/Director Detail

Date