

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16989

**FILED**  
**Apr 06, 2017**  
**Secretary of State**  
**CC9456792462**

**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 BRUNNER, VICKIE  
Address 6721 37 AVE N  
City-State-Zip: ST PETERSBURG FL 33710

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

*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 R. NOVAK**

**PRESIDENT**

**04/06/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date