

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16989

FILED
Feb 27, 2022
Secretary of State
0574087876CC

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 PRESIDENT
Name NOVAK, SARAH
Address 6170 84TH AVE N
City-State-Zip: PINELLAS PARK FL 33781

Title VP
Name ANAHATA, DONNA
Address 9801 135 ST N
City-State-Zip: SEMINOLE FL 33776

Title DIRECTOR
Name ALDRIDGE, ALYCE
Address 10951 JOHNSON BLVD
 H-419
City-State-Zip: SEMINOLE FL 33776

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

Title DIRECTOR
Name DAVIS, RICHARD
Address 4736 2 AVE N
City-State-Zip: ST PETERSBURG FL 33711

Title RECORDING SECRETARY
Name DREXLER, FRANK
Address 5472 36 AVE N
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

02/27/2022

Electronic Signature of Signing Officer/Director Detail

Date