

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16989

**FILED**  
**Mar 27, 2020**  
**Secretary of State**  
**2694449425CC**

**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            SECRETARY  
Name            HINZ, JACQUELINE  
Address        7264 MOFFATT LANE  
City-State-Zip: PINELLAS PARK FL 33781

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

Title            D  
Name            HAWK, MADGELYN  
Address        6372 126TH AVE LOT 95  
City-State-Zip: LARGO FL 33773

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

*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**

**TREASURER**

**03/27/2020**

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

\_\_\_\_\_  
Date