

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004496

Entity Name: WACTOR TEMPLE LIVING/LEARNING CENTER, INC.**Current Principal Place of Business:**5632 NW 31ST AVE.
MIAMI, FL 33142**Current Mailing Address:**5632 NW 31ST 31 AVE
MIAMI, FL 33142**FEI Number:** 65-0780884**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HARALSON, REV. WILLIAM C
504 NW 19TH AVE
FORT LAUDERDALE, FL 33311 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	PRES
Name	HARALSON, REV. WILLIAM C
Address	504 NW 19TH AVE.
City-State-Zip:	FORT LAUDERDALE FL 33311

Title	TRUS
Name	BURNS, EARNEST SR
Address	3120 NW 56TH ST.
City-State-Zip:	MIAMI FL 33141

Title	TRUS
Name	MCKINNEY, DEBBIE
Address	1054 NW 109 ST.
City-State-Zip:	MIAMI FL 33168

Title	TRUS
Name	WILCOX, ORLANDO C
Address	2525 NW 122ND ST
City-State-Zip:	MIAMI FL 33167

Title	TRUS
Name	ARYLANDA, WILCOX
Address	2525 NW 122ND ST
City-State-Zip:	MIAMI FL 33167

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: REV. WILLIAM C. HARALSON

PASTOR

03/16/2016

Electronic Signature of Signing Officer/Director Detail_____
Date