2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004
Secretary of State

DOCUMENT# N01000000614

Entity Name: THE THEMELIOS TEMPLE IN MIAMI, INC.

Current Principal Place of Business:

16051 NE 5TH AVE
MIAMI, FL 33162 US

New Principal Place of Business:

Current Mailing Address:

16051 NE 5TH AVE
MIAMI, FL 33162 US

New Mailing Address:

FEI Number: 65-1095272 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCKENZIE, GLENMORE
770 NW 118 STREET
MIAMI, FL 33168

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	MCKENZIE, GLENMORE	
Address:	770 NW 118 STREET	
City-St-Zip:	MIAMI, FL 33168	
Title:	S	( ) Delete
Name:	GARDNER, JACQUIE LAMONT	
Address:	770 NW 118 STREET	
City-St-Zip:	MIAMI, FL 33168	
Title:	T	( ) Delete
Name:	KELLY, FERN R	
Address:	16051 NE 5TH AVE	
City-St-Zip:	MIAMI, FL 33162	
Title:	D	( ) Delete
Name:	MCKENZIE, GLENMORE	
Address:	770 NW 118 STREET	
City-St-Zip:	MIAMI, FL 33168	
Title:	T	( ) Delete
Name:	GARDENER, JACQUIE L	
Address:	770 NW 118 STREET	
City-St-Zip:	MIAMI, FL 33168	
Title:	T	( ) Delete
Name:	KELLY, FERN R	
Address:	16051 NE 5TH AVE	
City-St-Zip:	MIAMI, FL 33162	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GLENMORE MCKENZIE PRES 04/22/2004

Electronic Signature of Signing Officer or Director — Date