2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FEI 3/24

FILED
Apr 30, 2004 8:00 am
Secretary of State
03-24-2004 90022 007 ****61.25

DOCUMENT # N01000002747

1. Entity Name

TEMPLE OF THE LIVING FAITH, INC.

66417496

MOORE CR2E037 (11/03)

Principal Place of Business	Mailing Address
3426 OAK STREET ZOLFO SPRINGS FL ~~33890~~ 33890	PO BOX 1075 ZOLFO SPRINGS FL 33890

2. Principal Place of Business	3. Mailing Address
3426 Oak St.	P.O. Box 1075
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Zolfo Springs, FL	City & State: Zolfo Springs, FL
Zip: 33890 Country: U.S.A. Hardee	Zip: 33890 Country: U.S.A.

4. FEI Number 59-3718978 APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JUAREZ, HERIBERTO 767 HIGHWAY-64 EAST ZOLFO SPRINGS FL 33890	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Reu. Heriberto Juarez 3-14-04
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JUAREZ, HERIBERTO POST OFFICE BOX 1075 ZOLFO SPRINGS FL 33890	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GARCIA, JESSIE 2599 GARZA ROAD ZOLFO SPRINGS FL 33890	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HINOJOSA, CRENCIO POST OFFICE BOX 571 ZOLFO SPRINGS FL 33890	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Reu. Heriberto Juarez
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #