# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 13, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # N01000002747

1. Entity Name
TEMPLE OF THE LIVING FAITH, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3426 OAK STREET<br>ZOLFO SPRINGS, FL 33890 | PO BOX 1075<br>ZOLFO SPRINGS, FL 33890 |

01112006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

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

6. Name and Address of Current Registered Agent

JUAREZ, HERIBERTO
767 HIGHWAY 64 EAST
ZOLFO SPRINGS, FL 33890

**DO NOT WRITE IN THIS SPACE**

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | JUAREZ, HERIBERTO |
| STREET ADDRESS | POST OFFICE BOX 1075 |
| CITY-ST-ZIP | ZOLFO SPRINGS, FL 33890 |
| TITLE | V |
| NAME | GARCIA, JESSIE |
| STREET ADDRESS | 2599 GARZA ROAD |
| CITY-ST-ZIP | ZOLFO SPRINGS, FL 33890 |
| TITLE | S |
| NAME | HINOJOSA, CRENCIO |
| STREET ADDRESS | POST OFFICE BOX 571 |
| CITY-ST-ZIP | ZOLFO SPRINGS, FL 33890 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

100000386285
01/18/06-80048-022 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** x Rev Heriberto Juarez 1/11/06 863-735-0860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #