2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 8:00 am
Secretary of State
03-04-2008 90015 018 ****70.00

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

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

02212008 No Chg-NP CR2E037 (4/06)

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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

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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, 2008

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	JUAREZ, FLOR M
STREET ADDRESS	PO BOX 1075
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	

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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: Heriberto Juarez HERIBERTO JUAREZ 2-23-08 863-273-1470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #