

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT -7 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *NO100002747*

1. Entity Name

TEMPLE OFFTHE LIVING FAITH, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3426 Oak street

Suite, Apt. #, etc.

3. Mailing Address

PO Box 1075

Suite, Apt. #, etc.

REINSTATEMENT *02-03*

DO NOT WRITE IN THIS SPACE

City & State

Zolfo Springs, FL

City & State

Zolfo Springs, FL

4. FEI Number

Applied For

Not Applicable

Zip

33890

Country

USA

Zip

33890

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Heriberto Juarez

Street Address (P.O. Box Number is Not Acceptable)

~~PO Box 1075~~

76T WY 64 E

City

Zolfo Springs

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Heriberto Juarez
PO Box 1075, Zolfo Springs, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice-pres
JESSIE Garcia
2599 Garza Rd
Zolfo Springs, FL 33890

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Crescencio Hinojosa
PO Box 571
Zolfo Springs, FL 33890

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Heriberto Juarez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/3/03

Date

Daytime Phone

CR2E037B (12/02)

Attachment

Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee, FL. 32302-1500

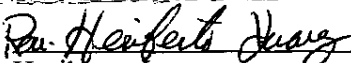
September 3, 2003

To whom it may concern

I am including the UBR at this time because I did not know about it and I never got the form. I am including the payment for the last two years and if there is a problem with my address please make the corrections for future mailings.

Thanks for your attention to this matter.

Respectfully;


Heriberto Juarez
Po Box 1075
Zolfo Springs, FL. 33890