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

FILED

03 OCT -7 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000027477

1. Entity Name

TEMPLE OFFTHE LIVING FAITH,INC

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 02-03

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3426 Oak steet	PO Box 1075
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Zolfo Springs, FL	City & State: Zolfo Springs,FL
Zip: 33890 Country: USA	Zip: 33890 Country: USA

4. FEI Number ✓ ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Heriberto Juarez

Street Address (P.O. Box Number is Not Acceptable): ~~PO Box 1075~~ 767 WY 64 E

City: Zolfo Springs FL Zip Code: 33890

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)

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	President
NAME	Heriberto Juarez
STREET ADDRESS	
CITY-ST-ZIP	PO Box 1075, Zolfo Springs,
TITLE	Vice-pres
NAME	JEssie Garcia
STREET ADDRESS	2599 Garza Rd
CITY-ST-ZIP	Zolfo Springs,FL.33890
TITLE	Secretary
NAME	Crescencio Hinojosa
STREET ADDRESS	PO Box 571
CITY-ST-ZIP	Zolfo Springs, FL 33890
TITLE	
NAME	
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CR2E037B (12/02)

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: Rev. Heriberto Juarez 9/3/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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