NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)			
DOCUMENT#, temple Level Center 1. Entity Name & Mith temple Level Center A, Drophery 104000006540 Bishop - Nozell Davis		FILED 05 MAY -9 PM 1:38	
DO NOT WRITE IN THIS SPACE		SEURLIARY OF STATE TALLAHASSEE.FLORIDA	
2. Principal Place of Besiness Hurry Po, A 11108 Wood Ville Hurry Po, A Suite, Apt. #, etc. Soft	Bot 918Wood Villa te. Apr. 4 etg.	DO NOT WRITE IN THIS SPACE	
Wood Ville Ila City	/ & Side	4. FEI Number	Applied For Not Applicable
32362 Cauntry 32	1362 Sountry	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Name and Address of Current Registered Agent Name Real Down Schop + Hyersheld Street Agents (PO, Box Mumber is Not Agreed Agent IN THIS SPACE 11408, Wood v. Te, H. Shwer City Wood 1 th FL 32362			
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)			
FEE IS \$61.25 Initial or Amended UBR 10. OFFICERS AND DIRECTORS	9. Election Campaign Financing Trust Fund Contribution.		teck Payable to partment of State
NAME STREET ADDRESS CITY-ST-ZIP 11408 Wood Villy way W	aling ode TITLE Bol 9/8 NAME STREET ADDRESS CITY-ST-ZIP		
TITLE: ACC, Pastor Danier, STREET ADDRESS Jallhasse fla CITY-ST-ZIP Po Bop 1918 Wood Ville	Andrelia TITLE NAME STREET ADDRESS CITY-ST-ZIP	800054669 05/17/0501035004	688 **61.25
NAME STREET ADDRESS. CITY-ST-ZIP DEALE MOODULE Flac. O. 1900 918 STREET ADDRESS. CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP		DO NOT WRITE	
THE NAME STREET ADDRESS CITY-ST-ZIP Word vive F1 32	MAME NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE	
STREET ADDRESS OILY-ST-ZIP CON DOX 918 WOW	dulie fl city-st-zip		
TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	32362 TITLE NAME STREET ADDRESS CITY-ST-ZIP	**	
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: SIGNATURE: SIGNATURE:			
SIGNATUSE AND TYPED OR PRINTED NAME	E OF SIGNING OFFICER OR DIRECTOR	bate	Daytime Phone #