

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90219 025 ****70.00

DOCUMENT # N16989

1. Entity Name

TEMPLE OF LOVE AND HEALING, U.C.M. CHARTER
NO. 759, INC.



Principal Place of Business

TEMPLE OF LOVE & HEALING
3700 40TH AVE N
ST. PETERSBURG FL 33714
US

Mailing Address

C/O SARAH NOVAK, PRESIDENT
3700 40TH AVE N
ST. PETERSBURG FL 33704

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2807316

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOVAK, SARAH R
6170 84TH AVE N
PINELLAS PARK FL 33781

Name

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 V ☐ Delete
NAME HAMMOND, NANCY
STREET ADDRESS 4714 30TH AVE NO
CITY-ST-ZIP SAINT PETERSBURG FL 33713

TITLE PD ☐ Delete
NAME NOVAK, SARAH
STREET ADDRESS 6170 84TH AVE NO
CITY-ST-ZIP PINELLAS PARK FL 34665

TITLE TD ☐ Delete
NAME KINNEY, JOAN
STREET ADDRESS 5364 53 ST N
CITY-ST-ZIP SAINT PETERSBURG FL 33709

TITLE SD ☐ Delete
NAME HINZ, JACKIE
STREET ADDRESS 93264 CIRCLE DRIVE
CITY-ST-ZIP PINELLAS PARK FL 33782

TITLE D ☐ Delete
NAME MANN, EDWARD
STREET ADDRESS 504 50TH AVE SO
CITY-ST-ZIP SAINT PETERSBURG FL 33705

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME MARJORIE AMYOT
STREET ADDRESS 6800 PARK ST N #707
CITY-ST-ZIP So. PASADENA FL 33707

TITLE D ☐ Change ☒ Addition
NAME RICHARD DAVIS
STREET ADDRESS 765 27TH AVE N
CITY-ST-ZIP ST PETERSBURG FL 33704

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Sarah R Novak* SARAH R NOVAK 4-14-06 7275451122