

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jul 31, 2007**  
**Secretary of State**

DOCUMENT# N16989

**Entity Name:** TEMPLE OF LOVE AND HEALING, U.C.M. CHARTER NO. 759, INC.**Current Principal Place of Business:**TEMPLE OF LOVE & HEALING  
3700 40TH AVE N  
ST. PETERSBURG, FL 33714 US**New Principal Place of Business:****Current Mailing Address:**C/O SARAH NOVAK, PRESIDENT  
3700 40TH AVE N  
ST. PETERSBURG, FL 33704**New Mailing Address:****FEI Number:** 59-2807316      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**NOVAK, SARAH R  
6170 84TH AVE N  
PINELLAS PARK, FL 33781 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** V      ( ) Delete  
**Name:** HAMMOND, NANCY  
**Address:** 4714 30TH AVE NO  
**City-St-Zip:** SAINT PETERSBURG, FL 33713**Title:** PD      ( ) Delete  
**Name:** NOVAK, SARAH  
**Address:** 6170 84TH AVE N  
**City-St-Zip:** PINELLAS PARK, FL 33781**Title:** TD      ( ) Delete  
**Name:** KINNEY, JOAN  
**Address:** 5364 53 ST N  
**City-St-Zip:** SAINT PETERSBURG, FL 33709**Title:** SD      ( ) Delete  
**Name:** HINZ, JACKIE  
**Address:** 93264 CIRCLE DRIVE  
**City-St-Zip:** PINELLAS PARK, FL 33782**Title:** D      ( ) Delete  
**Name:** MANN, EDWARD  
**Address:** 504 50TH AVE SO  
**City-St-Zip:** SAINT PETERSBURG, FL 33705**Title:** D      ( ) Delete  
**Name:** AMYOT, MARJORIE  
**Address:** 6800 PARK ST S #701  
**City-St-Zip:** SOUTH PASADENA, FL 33707**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** V      (X) Change ( ) Addition  
**Name:** HINZ, JACKIE  
**Address:** 93264 CIRCLE DRIVE  
**City-St-Zip:** PINELLAS PK, FL 33782**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** SD      (X) Change ( ) Addition  
**Name:** BRUNNER, VICKIE  
**Address:** 3810 42ND AVENUE N  
**City-St-Zip:** ST. PETERSBURG, FL 33714**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUELINE HINZ

V

07/31/2007

Electronic Signature of Signing Officer or Director

Date