

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16989

FILED
Mar 23, 2011
Secretary of State

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:

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

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: D
Name: RUSSELL, JUDY
Address: 6220 GRETNA GREEN CT N
City-St-Zip: PINELLAS PARK, FL 33781

Title: PD
Name: NOVAK, SARAH
Address: 6170 84TH AVE N
City-St-Zip: PINELLAS PARK, FL 33781

Title: TD
Name: ALDRIDGE, ALYCE
Address: 6916 STONE'S THROW CIRCLE #9304
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: SD
Name: BRUNNER, VICKIE
Address: 3810 42ND AVENUE N
City-St-Zip: ST. PETERSBURG, FL 33714

Title: V
Name: MANN, EDWARD
Address: 504 50TH AVE SO
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: D
Name: HINZ, JACKIE
Address: 93264 CIRCLE DR
City-St-Zip: PINELLAS PARK, FL 33782

I hereby 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 all other like empowered.

SIGNATURE: SARAH NOVAK

PRES

03/23/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date