2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED Mar 27, 2008 8:00 am Secretary of State

DOCUMENT # N51286 1. Entity Name TEMPLE OF UNIVERSAL HEALING, INC.						03-27-2008	3 90034 005	****6]	1.25
Principal Place of Business 5809 HOLLYWOOD BV HOLLYWOOD, FL 33021		Mailing Address 5809 HOLLYWOOD BV HOLLYWOOD, FL			404~	 1178/1178	171 ALTI BIBLE BYDD B		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02282008	Chg-NP	CR2E037	(12/06)	
City & State		City & State		•	4. FEI Numbe 65-0399			_ 	pplied For at Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired		3.75 Add e Require	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered Age	nt	
SIMONIS I	DAVID ÚL C		Name	!					
3864 SHE			Street Address		P.O. Box Numbe	r is Not Acceptab	ıle)		
			City				FL	Zip Code	e
8. The above the obligati	named entity submits this statement fortions of registered agent.	the purpose of changing its	registered office	or register	ed agent, or bot	h, in the State of F	Torida. I am fam	niliar with,	and accept
SIGNATURE .									
	Signature, typed or printed name of registered agent	ind title if applicable. (NOT)	E: Registered Agent sign	nature required	when reinstating)		DATE		
	Signature, typed or printed name of registered agent. Filling Fee is \$61.25 Due by May 1, 2008	• [npaign Financing		\$5.00 May Br Added to Fees		Make check p		
10.	Filing Fee is \$61.25	9. Election Car Trust Fund C	npaign Financing	<u> </u>	\$5.00 May Boundary Added to Fees	Flo	Make check p orida Departm	ent of St	tate
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Car Trust Fund C	npaign Financing Contribution.	<u> </u>	\$5.00 May Boundary Added to Fees		Make check porida Departme	ent of St	tate
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14. Indexity defining the information supplied with this tiling does not quality for the exemptions contained 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 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.

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March 12,08 954-989 6400