

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51286

FILED
Apr 24, 2009
Secretary of State

Entity Name: TEMPLE OF UNIVERSAL HEALING, INC.

Current Principal Place of Business:

5809 HOLLYWOOD BV
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

5809 HOLLYWOOD BV
HOLLYWOOD, FL

New Mailing Address:

FEI Number: 65-0399586

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMONS, DAVID J.
3864 SHERIDAN ST
HOLLYWOOD, FL 33021 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: PD () Delete
Name: SIMONS, BARBARA A.
Address: 738 N CRESCENT DR
City-St-Zip: HOLLYWOOD, FL 33021

Title: VD () Delete
Name: SIMONS, DAVID J
Address: 3864 SHERIDAN ST
City-St-Zip: HOLLYWOOD, FL 33021

Title: STD () Delete
Name: RAPP, JASON R
Address: 738 N. CRESENT DRIVE
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BARBARA A. SIMONS

P

04/24/2009

Electronic Signature of Signing Officer or Director

Date