FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700001695 (2)

TEMPLE OF THE DIVINE PRESENCE, INC.

			· <u> </u>		
Principal Plac	e of Business	Mailing Address			14
19801 SW 110T	H COURT	19601 SW 110TH COURT	Г	3. Date Incorporated or Qualified	
#118 Miami Fl	,	#118 Miami Fl 33157		03/26/1997	
MILLIANT 1 F 2017)		MILMI LE 20131		4. FEI Number Applied Fo	r
				65-0738 6/4 Not Applica	ble
	lace of Business	2a. Mailing Address		5. Certificate of Status Desired S8.75 Additiona	I
Suite, Apt.	# als	Suite, Apt. #, etc.		Fee Required	
22 Suite, Apr.	#, 816.	27 Suite, Apr. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
City & State	9	City & State		7. Is this nonprofit corporation a homeowners association?	4
23		28		Yes No	
Ζīρ	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24	25	29	30	Personal Property Tax due June 30. 🔲 Yes 🛂 No	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent	
			81 Name	SAME	
	ES, GAUDIOSO		82 Street /	Address (P.O. Box Number is Not Acceptable)	
	W 66TH ST. STE E-173		83	801 5 W 110th Court # 118	
miami fi	L 33183		83		
			84 City	85 Zip Code	-
11. Ourouget	to the provisions of Sections 617.05	No and 617 1500 Clarida Cha	tutos the share named	MIA MI FL 33/67	500
office or r	egistered agent, or both, in the State	e of Florida. Such change wa	s authorized by the corp	corporation submits this statement for the purpose of changing its register poration's board of directors. I hereby accept the appointment as registered	d .
	m familiar with, and accept the oblig	gations of, Section 617.0503,	Florida Statutes.		
SIGNATURE	Signature, typed or printed name of registered ag	Pent and title if applicable (N	IOTE: Registered Agent signature	required when reinstating) DATE	:
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 TITLE	PD , Change Addi	4_104
NAME					tion
	BERUVIDES, GAUDIOSO	☐ DELEIE	1.2 NAME	19801 S.W. 1/0 th Ct # 118	tion
STREET ADDRESS	, -		1.2 NAME 1.3 STREET ADDRESS	19801 S.W. 110th Ct # 118	tion
Street Address City-St-Zip	BERUVIDES, GAUDIOSO			19801 S. W. 110 th ct # 118 M. A. M. FL 37187 -8428	tion
	BERUVIDES, GAUDIOSO 13791 SW 66TH ST. STE E-1		1.3 STREET ADDRESS	19801 S. W. 110 th ct # 118 m. Am. FL 33 157 -8428 Change Addi	
CITY-ST-ZIP	BERUVIDES, GAUDIOSO 13791 SW 66TH ST. STE E-1 MIAMI FL 33183 STD LUIS, ARLENE	173	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	M.AM. FL 33/37-8428	
CITY-ST-ZIP TITLE	BERUVIDES, GAUDIOSO 13791 SW 66TH ST. STE E-1 MIAMI FL 33183 STD	173	1.3 STREET ADDRESS 1.4 CITY-ST-2IP 2.1 TITLE	M.AM. FL 33/37-8428	
CITY-ST-ZIP TITLE NAME	BERUVIDES, GAUDIOSO 13791 SW 66TH ST. STE E-1 MIAMI FL 33183 STD LUIS, ARLENE 860 NW 87TH AVE. STE 102 MIAMI FL 33172	DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	M. A. M. FL 33/87 - 8428 ☐ Change ☐ Addi	ition
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Indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under dath; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Re

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-58 (305) 378-5208

FILED

Jan 27 1998 8:00am

Secretary of State