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FILED

Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000004496 (2)**

Corporation Name

WACTOR TEMPLE LIVING/LEARNING CENTER, INC.

Principal Place of Business

Mailing Address

**5632 NW 31ST AVE.
MIAMI FL 33142**

**5632 NW 31ST AVE.
MIAMI FL 33142**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

**WILEY, MARVA L
701 BRICKELL AVE., SUITE 2800
MIAMI FL 33131**

3. Date Incorporated or Qualified

08/06/1997

4. FEI Number

65-0780884

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

555 NE 34th, #1004

83

84 City **Miami**

FL

85 Zip Code

33137

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Marva L. Wiley

3/26/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **P/M**

1.3 STREET ADDRESS **Rev. Annie Moore McRae**

1.4 CITY-ST-ZIP **2031 NW 93rd St.**

2.1 TITLE **Miami, FL 33147**

2.2 NAME ☐ Change ☒ Addition

2.3 STREET ADDRESS **V/S/D**

2.4 CITY-ST-ZIP **Viola Holmes**

3.1 TITLE **155 NW 209 St.**

3.2 NAME **Miami, FL 33169**

3.3 STREET ADDRESS ☐ Change ☒ Addition

3.4 CITY-ST-ZIP **D**

4.1 TITLE **Dorothy Chaney**

4.2 NAME **1129 NW 105 St.**

4.3 STREET ADDRESS **Miami, FL 33150**

4.4 CITY-ST-ZIP ☐ Change ☒ Addition

5.1 TITLE **D**

5.2 NAME **Susie Belkamy**

5.3 STREET ADDRESS **1432 N.E. 146th St.**

5.4 CITY-ST-ZIP **Miami, FL 33161**

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME **D**

6.3 STREET ADDRESS **Lovenia Ann Cumbie**

6.4 CITY-ST-ZIP **15261 SW 103rd Av**

6.5 STREET ADDRESS **Miami, FL 33157**

6.6 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Rev. Annie Moore McRae** **Rev. Annie Moore McRae 3/26/98 305-691-1525**

CR2E037 (10/97)