

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90250 048 ****61.25

DOCUMENT # N97000004496

1. Entity 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**

950304

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0780884

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILEY, MARVA L
 125 NW 89TH ST
 MIAMI FL 33150**

Name

Rev. Dr. Annie M. McRae

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

2031 NW 93rd St.

City

Miami, FL

FL

Zip Code

33147

8. 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 **Rev. Dr. Annie M. McRae**

Rev. Dr. Annie M. McRae

4/25/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PM** ☐ Delete
 NAME **MCRAE, ANNIE M REV**
 STREET ADDRESS **2031 NW 93RD ST**
 CITY-ST-ZIP **MIAMI FL 33147**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VSD** ☐ Delete
 NAME **HOLMES, VIOLA**
 STREET ADDRESS **155 NW 209 ST**
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
 NAME **CHANEY, DOROTHY**
 STREET ADDRESS **1129 NW 105 ST**
 CITY-ST-ZIP **MIAMI FL 33150**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
 NAME **CUMBIE, LOVENIA A**
 STREET ADDRESS **15261 SW 103RD AVE**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
 NAME **TINSLEY, GIRLEAN**
 STREET ADDRESS **8840 NW 23RD AVENUE**
 CITY-ST-ZIP **MIAMI FL 33147**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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.

SIGNATURE: **Rev. Dr. Annie M. McRae** **Rev. Dr. Annie M. McRae** **4/25/02** **305-691-1525**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)