

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 02, 2003 8:00 am
Secretary of State

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08-18-2003 90277 001 *****8.75
08-18-2003 90277 002 *****61.25

DOCUMENT # N97000004496

1. Entity Name
WACTOR TEMPLE LIVING/LEARNING CENTER, INC.



Principal Place of Business Mailing Address
5632 NW 31ST AVE. 5632 NW 31ST AVE.
MIAMI FL 33142 MIAMI FL 33142

00000402

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**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MCRAE, REV. DR. ANNIE M
2031 NW 93RD ST.
MIAMI FL 33147~~

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PM	<input checked="" type="checkbox"/> Delete
NAME	MCRAE, ANNIE M REV	
STREET ADDRESS	2031 NW 93RD ST	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	HOLMES, VIOLA	
STREET ADDRESS	155 NW 209 ST	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHANEY, DOROTHY	
STREET ADDRESS	1129 NW 105 ST	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUMBIE, LOVENIA A	
STREET ADDRESS	15261 SW 103RD AVE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input type="checkbox"/> Delete
NAME	TINSLEY, GIRLEAN	
STREET ADDRESS	8840 NW 23RD AVENUE	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Rev. Sherman Washington, President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	5632 NW 31 Ave	
CITY-ST-ZIP	miami, FL 33142	
TITLE	Elizabeth Singleton, vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3101 NW 161 Terr.	
CITY-ST-ZIP	OPA LOCKA, FL 33054	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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. Sherman Washington*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-14-03 305-636-3774
Date Daytime Phone #

CRSE037 (4/03)