2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

Mailing Address

MIAMI FL 33142

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

5632 NW 31ST AVE.

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6. Name and Address of Current Registered Agent

DOCUMENT # N9700004496

WACTOR TEMPLE LIVING/LEARNING CENTER, INC.

Country

Principal Place of Business

2. Principal Place of Business

MCRAE, REV. DR. ANNIE, M.

the obligations of registered agent.

2031 NW 93RD ST. MIAMI FL 33147

SIGNATURE:

Suite, Apt. #, etc.

City & State

Zip

5632 NW 31ST AVE.

MIAMI FL 33142



Country

Name

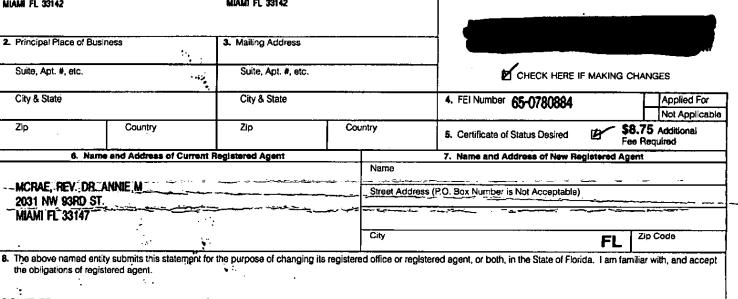
City

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

8/1 8/1

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

20122402



SIGNATURE	Signature, typed or printed name of registered agent and title if appli	icabia. (NOTE:	Registered Agent signs	ture required when reinstating)	DATE	
FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25		Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	may Be Make Check Payable to Florida Department of State	
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS II	N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PM MCRAE, ANNIE M REV 2031 NW 93RD ST MIAMI FL 33147	Delete	NAME STREET ADDRESS CITY-ST-ZIP	Rev. Sherman 5632 Nw 31 miam: FL 3	Washington, preside	Addition
TITLE HAME STREET ADDRESS CITY-ST-ZIP	VSD HOLMES, VIOLA 155 NW 209 ST MIAMI FL 33169	Deleta	TITLE NAME STREET ADDRESS CITY-S1-ZIP	1	Ingleton, vice pr	□ Addition esident
NAME STREET ADDRESS CITY-ST-ZIP	-D	□ Dolots	NAME STREET ADDRESS City-St-Zip		□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUMBIE, LOVENIA A 15261 SW 103RD AVE MIAMI FL 33157	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tinsley, Girlean 8840 NW 23RD Avenue Miami Fl 33147	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIE		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
of the con	certify that the information supplied with this filing of on this report or supplemental report is true and as poration or the receiver or trustee empowered to e- or on an attachment with an address, with all othe	ccurate and that my xecute this report as	signature shall h	ave the same legal effect as if	made under oath: that I am an officer	or director 1