

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000001564

**FILED**  
**Apr 25, 2013**  
**Secretary of State**  
**CC0846478794**

**Entity Name:** MT CARMEL TEMPLE OF REFUGE, INC.

**Current Principal Place of Business:**

563 FERGUSON DR  
SUITE L  
ORLANDO, FL 32805

**Current Mailing Address:**

563 FERGUSON DR  
SUITE L  
ORLANDO, FL 32805

**FEI Number:** 32-0299840

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MCQUEEN, RICARDO  
563 FERGUSON DRIVE  
SUITE L  
ORLANDO, FL 32805 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name MCQUEEN, RICARDO  
Address 563 FERGUSON DRIVE, SUITE L  
City-State-Zip: ORLANDO FL 32805

Title T  
Name CROSS, SHAYLA C  
Address 563 FERGUSON DRIVE, SUITE L  
City-State-Zip: ORLANDO FL 32805

Title S  
Name ARNOLD, MIA  
Address 563 FERGUSON DRIVE, SUITE L  
City-State-Zip: ORLANDO FL 32805

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** RICARDO MCQUEEN

**PRESIDENT**

**04/25/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date