

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000005501

**FILED**  
**Apr 29, 2016**  
**Secretary of State**  
**CC6317900747**

**Entity Name:** TEMPLE OF BROTHERS AND SISTERS OF GOODWILL INC.

**Current Principal Place of Business:**

19 N. WESTMORELAND DRIVE  
ORLANDO, FL 32805

**Current Mailing Address:**

19 N. WESTMORELAND DRIVE  
ORLANDO, FL 32805

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

SCOTT, ANGELA  
19 N. WESTMORELAND DRIVE  
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 SCOTT, TYRONE  
Address P.O. BOX 253  
City-State-Zip: CLARCONA FL 32710

Title VP  
Name RUSS, MARK  
Address 1406 CROOMS AVE  
City-State-Zip: ORLANDO FL 32805

Title T  
Name SCOTT, ANGELA  
Address P.O. BOX 253  
City-State-Zip: CLARCONA FL 32710

Title C  
Name RUSS, TERESA  
Address 1406 CROOMS AVENUE  
City-State-Zip: ORLANDO FL 32805

Title S  
Name RANDALL, ALVIN  
Address 3814 MITCHELL ROAD  
City-State-Zip: ORLANDO FL 32808

*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: ANGELA SCOTT**

**TREASURER**

**04/29/2016**

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

\_\_\_\_\_  
Date