

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000005501

**FILED**  
**Aug 07, 2017**  
**Secretary of State**  
**CC8786738532**

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

**Current Principal Place of Business:**

750 S. ORANGE BLOSSOM TRL.  
26  
ORLANDO, FL 32805

**Current Mailing Address:**

P.O. BOX 555115  
ORLANDO, FL 32855 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

SCOTT, ANGELA  
924 N. MAGNOLIA AVE  
320  
ORLANDO, FL 32803 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

*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:** TYRONE SCOTT

**PRESIDENT**

**08/07/2017**

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

\_\_\_\_\_  
Date