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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000006546 (3)
1. Corporation Name
TRUTH IN LOVE MINISTRY, INC.



Principal Place of Business: 3001 NORTHWEST 46 AVENUE, SUITE 103 LAUDERDALE LAKES FL 33313
Mailing Address: 3001 NORTHWEST 46 AVENUE, SUITE 103 LAUDERDALE LAKES FL 33313

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: 01/01/1997
4. FEI Number: 65-0716182
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name: Estafan N.S. Farag
82 Street Address (P.O. Box Number is Not Acceptable): 3001 N.W. 46th Ave., # 103
83
84 City: Lauderdale Lakes FL 85 Zip Code: 33313

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE: *Estafan N.S. Farag* Estafan N.S. Farag VD 2-28-98
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE: PD NAME: FARAG, NASSER S STREET ADDRESS: 3001 NORTHWEST 46 AVENUE, SUITE 103 CITY-ST-ZIP: LAUDERDALE LAKES FL 33313	<input checked="" type="checkbox"/> DELETE as per box is still D
TITLE: VD NAME: FARAG, ESTAFAN N.S. STREET ADDRESS: 3001 NORTHWEST 46 AVENUE, SUITE 103 CITY-ST-ZIP: LAUDERDALE LAKES FL 33313	<input type="checkbox"/> DELETE
TITLE: STD NAME: FARAG, MARILYN S STREET ADDRESS: 3001 NORTHWEST 46 AVENUE, SUITE 103 CITY-ST-ZIP: LAUDERDALE LAKES FL 33313	<input type="checkbox"/> DELETE
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> DELETE
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> DELETE
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: President, Director 1.2 NAME: Walker, Hayward 1.3 STREET ADDRESS: 8820 N.W. 4th St. 1.4 CITY-ST-ZIP: Pembroke Pines, FL 33024	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE: [Blank] 2.2 NAME: [Blank] 2.3 STREET ADDRESS: [Blank] 2.4 CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE: [Blank] 3.2 NAME: [Blank] 3.3 STREET ADDRESS: [Blank] 3.4 CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE: Director 4.2 NAME: Adams, Jamie 4.3 STREET ADDRESS: 3950 N. 56 Ave. 4.4 CITY-ST-ZIP: Hollywood, FL 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE: Director 5.2 NAME: Ms. Nancy Powderly 5.3 STREET ADDRESS: P.O. Box 28063 N/A 5.4 CITY-ST-ZIP: Tamarac, FL 33320	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE: [Blank] 6.2 NAME: [Blank] 6.3 STREET ADDRESS: [Blank] 6.4 CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marilyn S. Farag* MARILYN S. Farag STD 2-28-98 (954) 133-4827

CR2E037 (10/97)