

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90071 010 ****70.00

DOCUMENT # N96000006546

1. Entity Name

TRUTH IN LOVE MINISTRY, INC.

Principal Place of Business

Mailing Address

**3001 NORTHWEST 46 AVENUE, SUITE 103
 LAUDERDALE LAKES FL 33313**

**3001 NORTHWEST 46 AVENUE, SUITE 103
 LAUDERDALE LAKES FL 33313-1827**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0716182

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FARAG, ESTAFAN N.S.
 3001 NW 46TH AVE, #103
 LAUDERDALE LAKES FL 33313**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **FARAG, NASSER S**
 STREET ADDRESS **3001 NORTHWEST 46 AVENUE, SUITE 103**
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33313**

TITLE **D** Change Addition
 NAME **McIntosh, Tim**
 STREET ADDRESS **910 NE 119 St.**
 CITY-ST-ZIP **Biscayne Park, FL 33161**

TITLE **VD** Delete
 NAME **FARAG, ESTAFAN N.S.**
 STREET ADDRESS **3001 NORTHWEST 46 AVENUE, SUITE 103**
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33313**

TITLE **D** Change Addition
 NAME **McIntosh, Stacie**
 STREET ADDRESS **910 NE 119 St.**
 CITY-ST-ZIP **Biscayne Park, FL 33161**

TITLE **STD** Delete
 NAME **FARAG, MARILYN S**
 STREET ADDRESS **3001 NORTHWEST 46 AVENUE, SUITE 103**
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33313**

TITLE **D** Change Addition
 NAME **Walker, Janice**
 STREET ADDRESS **8820 NW 4th St.**
 CITY-ST-ZIP **Pembroke Pines, FL 33024**

TITLE **PD** Delete
 NAME **WALKER, HAYWARD**
 STREET ADDRESS **8820 NW 4TH ST**
 CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE **D** Change Addition
 NAME **Gauer, Arthur**
 STREET ADDRESS **6971 SW 148th Lane**
 CITY-ST-ZIP **Davie, FL 33331**

TITLE **D** Delete
 NAME **ADAMS, JAMIE**
 STREET ADDRESS **3950 N 56TH AVE**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **POWDERLY, NANCY**
 STREET ADDRESS **P. O. BOX 25063 N/A**
 CITY-ST-ZIP **TAMARAC FL 33320**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marilyn S. Farag DIRECTOR MARILYN S. FARAG Feb 11, 2000 (954) 733-4827
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)