


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90387 010 ****61.25

DOCUMENT # N96000006546					
1. Entity Name TRUTH IN LOVE MINISTRY, INC.					
Principal Place of Business 5247 RED CEDAR DR #7 FORT MYERS, FL 33907-4507		Mailing Address 5247 RED CEDAR DR #7 FORT MYERS, FL 33907-4507			
2. Principal Place of Business 4308 9th St. W. Suite, Apt. #, etc.		3. Mailing Address 4308 9th St. W. Suite, Apt. #, etc.			
City & State Lehigh Acres, FL		City & State Lehigh Acres, FL		4. FEI Number 65-0716182	
Zip 33971		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FARAG, ESTAFAN N.S. 5247 RED CEDAR DR., #7 FORT MYERS, FL 33907-4607			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4308 9th St. W. City Lehigh Acres FL Zip Code 33971		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
Filing Fee is \$81.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARAG, NASSER S		NAME	FARAG, NASSER S.	correction
STREET ADDRESS	DELTA LAKE RESORT, LOT 79		STREET ADDRESS	DELTA LAKE RESORT, LOT 79	
CITY-ST-ZIP	MONTE AHO, TX 78538		CITY-ST-ZIP	MONTE ALTO, TX 78538	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARAG, ESTAFAN N.S.		NAME	BERNARD, FERRY REV.	
STREET ADDRESS	5247 RED CEDAR DR., #7		STREET ADDRESS	238 CONSERVATION DR.	
CITY-ST-ZIP	FORT MYERS, FL 339074507		CITY-ST-ZIP	WESTON, FL 33327	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARAG, MARILYN S		NAME	FARAG, MARILYN S.	correction
STREET ADDRESS	DELTA LAKE RESORT, LOT 79		STREET ADDRESS	DELTA LAKE RESORT, LOT 79	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33328		CITY-ST-ZIP	MONTE ALTO, TX 78538	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALKER, HAYWARD		NAME	WALKER, JANICE	
STREET ADDRESS	8820 NW 4TH ST		STREET ADDRESS	8820 N.W. 4th St.	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024		CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTOSH, TIM		NAME	MCINTOSH, TIM	of address
STREET ADDRESS	910 NE 119TH STREET		STREET ADDRESS	1930 S.W. 137 Way	
CITY-ST-ZIP	BISCAYNE PARK, FL 33161		CITY-ST-ZIP	MIRIMAR, FL 33027	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTOSH, STACY		NAME	MCINTOSH, STACIE	of address
STREET ADDRESS	910 NE 119TH STREET		STREET ADDRESS	1930 S.W. 137 WAY	
CITY-ST-ZIP	BISCAYNE PARK, FL 33161		CITY-ST-ZIP	MIRIMAR, FL 33027	
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: <i>Marilyn S. Farag</i>		MARILYN S. FARAG		3-29-2004 956-262-1649	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	