

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90044 025 ****61.25

| | | | |
|-----------------------------------------------------------------------------------|---------|-----------------------------------------------------------------------------------|---------|
| DOCUMENT # N96000006546 | |  | |
| 1. Entity Name TRUTH IN LOVE MINISTRY, INC. | | | |
| Principal Place of Business 909 STREAMLET AVENUE SEBASTIAN FL 32958 | | Mailing Address 909 STREAMLET AVENUE SEBASTIAN FL 32958 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



1st MOORE CR2E037 (10/06)

| | | | |
|-------------------------------------------------------------------------------------------------|--|--------------------------------------------------------|--|
| 4. FEI Number 65-0716182 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |

| | | | |
|--------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------|----------|
| 6. Name and Address of Current Registered Agent AREND, DOLORES 909 STREAMLET AVENUE SEBASTIAN FL 32958 | | 7. Name and Address of New Registered Agent | |
| Name | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | City | Zip Code |
| | | FL | |

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE:

| | | |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | 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 NAME STREET ADDRESS CITY- ST- ZIP | D FARAG, NASSER S DELTA LAKE RESORT, LOT 79 MONTE ALTO TX 78538 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | D FARAG, NASSER S. 8810 LAGO VISTA MONTE ALTO, TX 78538 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition in address |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | D PARKER, WILLETTE E 18 S. AZTEC COVE DR. LAS FRESNOS TX 78566 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | STD FARAG, MARILYN S DELTA LAKE RESORT, LOT 79 MONTE ALTO TX 78538 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | STD FARAG, MARILYN S. 8810 LAGO VISTA MONTE ALTO, TX 78538 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition in address |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | VD TODD, JULIA L 822 E. BUCHANAN HARLINGEN TX 78550 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | VD TODD, JULIA L. 27843 DILWORTH RD. HARLINGEN, TX 78552 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition in address |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | D PRATT, JAMES L 1210 WHITE WING DR. HARLINGEN TX 78550 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | D TONI PRATT 1210 WHITE WING DR. HARLINGEN, TX 78550 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | PD TODD, KENNETH 27843 DILWORTH RD. HARLINGEN TX 78552 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Sec - Treas.* **MARILYN S. FARAG 2-28-07 956-262-1649**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #