

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2008 8:00 am**  
**Secretary of State**

02-26-2008 90001 012 \*\*\*\*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.

1st MOORE CR2E037 (10/07)

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARENDA, DOLORES  
 909 STREAMLET AVENUE  
 SEBASTIAN FL 32958

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. 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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.

**\$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	<input type="checkbox"/> Delete
D	FARAG, NASSER S	8810 LAGO VISTA	MONTE ALTO TX 78538	<input type="checkbox"/>
D	PARKER, WILLETTE E	18 S. AZTEC COVE DR.	LAS FRESNOS TX 78566	<input type="checkbox"/>
STD	FARAG, MARILYN'S	8810 LAGO VISTA	MONTE ALTO TX 78538	<input type="checkbox"/>
VD	TODD, JULIA L	8810 LAGO VISTA	MONTE LAGO TX 78538	<input type="checkbox"/>
D	PRATT, TONI	1210 WHITE WING DR.	HARLINGEN TX 78550	<input type="checkbox"/>
PD	TODD, KENNETH	27843 DILWORTH RD.	HARLINGEN TX 78552	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
VD	TODD, JULIA L.	27843 DILWORTH RD.	HARLINGEN, TX 78552	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition in address
D	TODD, CATHERIN	27843 DILWORTH RD.	HARLINGEN, TX 78552	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				<input type="checkbox"/>

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 2-12-08 956-262-1649