

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006546

FILED  
Feb 09, 2010  
Secretary of State

**Entity Name:** TRUTH IN LOVE MINISTRY, INC.

**Current Principal Place of Business:**

909 STREAMLET AVENUE  
SEBASTIAN, FL 32958

**New Principal Place of Business:**

**Current Mailing Address:**

909 STREAMLET AVENUE  
SEBASTIAN, FL 32958

**New Mailing Address:**

FEI Number: 65-0716182

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AREND, DOLORES  
909 STREAMLET AVENUE  
SEBASTIAN, FL 32958 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: FARAG, NASSER S  
Address: 3523 CAMPFIELD CT.  
City-St-Zip: KATY, TX 77449

Title: D  
Name: SANDERS, MERCEDES  
Address: 5010 ARBOR RIDGE DR.  
City-St-Zip: SAN ANTONIO, TX 78228

Title: STD  
Name: FARAG, MARILYN S  
Address: 3523 CAMPFIELD CT.  
City-St-Zip: KATY, TX 77449

Title: VD  
Name: TODD, JULIA L  
Address: 2828 E. GRIMES ST., APT. 259  
City-St-Zip: HARLINGEN, TX 78550

Title: D  
Name: TODD, CATHERIN  
Address: 8630 EASTON COMMONS DR.  
City-St-Zip: HOUSTON, TX 77095

Title: PD  
Name: TODD, KENNETH  
Address: 8630 EASTON COMMONS DR.  
City-St-Zip: HOUSTON, TX 77095

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARILYN S. FARAG

STD

02/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date