

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90158 003 \*\*\*\*61.25

**DOCUMENT # N96000006546**  
1. Entity Name  
**TRUTH IN LOVE MINISTRY, INC.**



Principal Place of Business  
**3001 NORTHWEST 46 AVENUE, SUITE 103  
LAUDERDALE LAKES FL 33313**

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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**5247 Red Cedar Dr.**

3. Mailing Address  
**5247 Red Cedar Dr.**

Suite, Apt. #, etc.  
**# 7**

City & State  
**Ft. Myers, FL**

4. FEI Number **65-0716182**

Applied For  
 Not Applicable

Zip **33907-4507** Country **U.S.A.**

Zip **33907-4507** Country **USA**

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

6. Name and Address of Current Registered Agent  
**FARAG, ESTAFAN N.S.**  
~~3001 NW 46TH AVE, #103~~ **5247 Red Cedar Dr., #7**  
~~LAUDERDALE LAKES FL 33313~~ **Ft. Myers, FL 33907-4507**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable) **5247 Red Cedar Dr., #7**  
City **Ft. Myers, FL** Zip Code **33907-4507**

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**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FARAG, NASSER S</b> <b>3001 NORTHWEST 46 AVENUE, SUITE 103</b> <b>LAUDERDALE LAKES FL 33313</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FARAG, ESTAFAN N.S.</b> <b>3001 NORTHWEST 46 AVENUE, SUITE 103</b> <b>LAUDERDALE LAKES FL 33313</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>FARAG, MARILYN S</b> <b>3001 NORTHWEST 46 AVENUE, SUITE 103</b> <b>LAUDERDALE LAKES FL 33313</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>WALKER, HAYWARD</b> <b>8820 NW 4TH ST</b> <b>PEMBROKE PINES FL 33024</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>MCINTOSH, TIM</b> <b>910 NE 119TH STREET</b> <b>BISCAYNE PARK FL 33161</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCINTOSH, STACY</b> <b>910 NE 119TH STREET</b> <b>BISCAYNE PARK FL 33161</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FARAG, NASSER S.</b> <b>Delta Lake Resort, Lot 79</b> <b>Monte Alto, TX 78538</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FARAG, ESTAFAN N.S.</b> <b>5247 Red Cedar Dr., #7</b> <b>Ft Myers, FL 33907-4507</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>FARAG, MARILYN S.</b> <b>Delta Lake Resort, Lot 79</b> <b>Monte Alto, TX 78538</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Rev. Terry Bernard</b> <b>238 Conservation Dr.</b> <b>Ft. Lauderdale, FL 33328</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WALKER, JANICE</b> <b>8820 NW 4th St.</b> <b>Pembroke Pines, FL 33024</b>
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 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 information.

SIGNATURE: Marilyn S. Farag **MARILYN S. FARAG** 4-7-2003 (956) 262-1649

CR2E037 (10/02)