SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT 14 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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8/24/99 90005 017 #61.25

DOCUMENT # N98000005159

1. Corporation Name
TRUTH WORSHIP CENTER, INC.

Principal Place of Business	Mailing Address
14504 N.W. 7TH AVE MIAMI FL 33167	14504 N.W. 7TH AVE MIAMI FL 33167

2. Principal Place of Business 21 14504 NW 7AVE 22 Suite, Apt. #, etc. 23 City & State: Miami FL 24 Zip 33167 25 Country US	2a. Mailing Address 26 14504 NW 7AVE 27 Suite, Apt. #, etc. 28 City & State: Miami FL 29 Zip 33167 30 Country US	3. Date Incorporated or Qualified: 09/10/1998 4. FEI Number: 65-0862492 ☐ Applied For ☐ Not Applicable 5. Certificate of Status Desired ☐ $8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WRIGHT, JACQUELINE S 811 N.W. 119TH STREET MIAMI FL 33168	81 Name: James E Wright 82 Street Address (P.O. Box Number is Not Acceptable): 14504 NW 7AVE 83 84 City: Miami FL FL 85 Zip Code: 33167

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: James E Wright JR 7/1/99
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WRIGHT, JAMES E JR 811 N.W. 119TH STREET MIAMI FL 33168	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	BOARD MEMBER MARVIN BROWN 14504 NW 7AVE Miami FL 33169	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WRIGHT, JACQUELINE S 811 N.W. 119TH STREET MIAMI FL 33168	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD KEMP, SULLIE 811 N.W. 119TH STREET MIAMI FL 33168	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOARD MEMBER JAMES E WRIGHT SR 1945 NW 71ST MIAMI FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOARD MEMBER ELLA K WRIGHT 938 NW 59ST MIAMI FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOARD MEMBER WILLIE KEMP 811 NW 119ST MIAMI FL 33168	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or an an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED James E Wright JR 7-1-99 (305) 687-1835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #