


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 714770</b> 1. Entity Name TRUTH AND LIFE, INC.	
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Principal Place of Business 4380 N. 58TH AVENUE VERO BEACH, FL 32961-0253 US	Mailing Address 4380 N. 58TH AVENUE P.O. BOX 253 VERO BEACH, FL 32961-0253
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02162005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1942025	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
TOTH, MARY JOYCE 4380 - 58TH AVE. VERO BCH., FL 32967	

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STALVEY,ROBBIE J. 4380 - 58TH AVE. VERO BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TOTH, MARY JOYCE 4380 58TH AVE VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STALVEY, WILLIAM 4380 - 58TH AVE. VERO BEACH, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000336401  
04/27/05-80127-006 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Robbie J. Stalvey Robbie J. Stalvey PD 4-25-05 772-567-3014  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #