


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90036 042 ****61.25

DOCUMENT # 764882 1. Entity Name UNIVERSAL TRUTH CENTER FOR BETTER LIVING, INC.					
Principal Place of Business 21310 N.W. 37 AVENUE CAROL CITY, FL 33056 US			Mailing Address 21310 N.W. 37 AVENUE CAROL CITY, FL 33056 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 36-3204162	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TUMPKIN, MARY A REV 21310 N.W. 37 AVENUE MIAMI, FL 33056				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PERRYMAN, JAMES		NAME		
STREET ADDRESS	8694 KIMBLE WAY		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STREET, NERISSA		NAME	JAMES ROWAN	
STREET ADDRESS	10170 EAST CYPRESS CT.		STREET ADDRESS	21310 N.W. 37 AVE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33026		CITY-ST-ZIP	MIAMI GARDENS, FL 33056	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SHAPERSON, DEBORAH		NAME	MARIE J.O TOUSSAINT	
STREET ADDRESS	1190 N.W. 179TH TERRACE		STREET ADDRESS	21310 N.W. 37 AVE	
CITY-ST-ZIP	MIAMI, FL 33169		CITY-ST-ZIP	MIAMI GARDENS, FL 33056	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARCHABLE, CRYSTAL		NAME		
STREET ADDRESS	9221 S. CYPRESS CIR.		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 33025		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCOTT, MARCIA		NAME		
STREET ADDRESS	21310 NW 37 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI GARDENS, FL 33056		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NOBLES, RALEIGH JR		NAME		
STREET ADDRESS	8515 SAWPINE RD		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33446		CITY-ST-ZIP		
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 empowered.					
SIGNATURE: <i>Mary A. Tumpkin</i>			3/22/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		