2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#766161

FILED Jun 27, 2007 Secretary of State

Entity Name: LIGHT AND TRUTH BAPTIST CHURCH, INC. **Current Principal Place of Business: New Principal Place of Business:** 12346 SW 131ST AVE MIAMI, FL 33186 **Current Mailing Address: New Mailing Address:** 30220 SW 154 AVE HOMESTEAD, FL 33033 FEI Number: 59-2557677 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TOIRAC, MOISES 30220 SW 154TH AVE HOMESTEAD, FL 33033 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete TOIRAC, JR., MOISES TOIRAC, MOISES Name: Name: Address: 30220 SW 154TH AVE. Address: 30220 SW 154TH AVE. City-St-Zip: HOMESTEAD, FL City-St-Zip: HOMESTEAD, FL Title: SD () Delete Title: () Change () Addition Name: SANCHEZ, EDNA Name: Address: 50 S.W. 59TH CT. Address: City-St-Zip: MIAMI, FL City-St-Zip: Title: () Delete Title: () Change () Addition PAIZANO, MELVIN Name: Name: 17851 SW 134 CT. Address: Address: City-St-Zip: MIAMI, FL City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: TOIRAC, MIRTA E Name: Address: 30220 S.W. 154 AVE. Address: City-St-Zip: HOMESTEAD, FL City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MOISES TOIRAC PD 06/27/2007