2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004507

FILED Apr 27, 2005 Secretary of State

Entity Name: TRUTH MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 4220 NW 7 AVE MIAMI, FL 33127 **Current Mailing Address: New Mailing Address:** 775 NW 123 ST MIAMI, FL 33168 FEI Number: 65-1022909 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENÚE CORAL GABLES, FL 33134 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: () Change () Addition () Delete NEILLE, MAURICE L SR Name: Name: 4220 NW 7TH AVE Address: Address: City-St-Zip: MIAMI, FL 33127 City-St-Zip: Title: SD Title: SD (X) Change () Addition () Delete Name: DUFFIE, LISA Name: COOPER, JERALD SR Address: 4220 NW 7TH AVE Address: 4220 NW 7TH AVE City-St-Zip: MIAMI, FL 33127 City-St-Zip: MIAMI, FL 33127 Title: () Delete Title: () Change () Addition NEILLE, MECHELE Name: Name: 4220 NW 7TH AVE Address: Address: City-St-Zip: MIAMI, FL 33127 City-St-Zip: Title: () Delete Title: () Change () Addition Name: JONES, LEROY Name: Address: 4220 NW 7TH AVE Address: City-St-Zip: MIAMI, FL 33127 City-St-Zip: Title: () Delete Title: () Change () Addition JONES, LESA Name: Name: 4220 NW 7TH AVE Address: Address: City-St-Zip: MIAMI, FL 33127 City-St-Zip: Title: () Delete Title: () Change () Addition MATTHEW, RAHMING Name: Name: Address: 4220 NW 7TH AVE Address: MIAMI, FL 33127 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MECHELE NEILLE TD 04/27/2005