2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State
03-14-2005 90109 041 ****61.25

DOCUMENT # N04000005960

1. Entity Name
TRUTH PROSPERS LIFE CENTER MINISTRIES, INC.

50025960

Principal Place of Business	Mailing Address
1742 AGORA CIRCLE #3 PALM BAY, FL 32909 US	P.O. BOX 500096 MALABAR, FL 32950 US

03112005 Chg-NP CR2E037 (10/03)

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 05-0618480 ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, RENA
1742 AGORA CIRCLE
#3
PALM BAY, FL 32909

7. Name and Address of New Registered Agent

Name TERESA PLAIN
Street Address (P.O. Box Number is Not Acceptable)
1640 WALKER STREET, SE
City PALM BAY, FL Zip Code 32909

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 Teresa Plain President March 11, 2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P PLAIN, TERESA B 1640 WALKER STREET, S.E. PALM BAY, FL 32909	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BUCKNER-PLAIN, TERESA 1640 WALKER STREET, SE PALM BAY, FL 32909	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC COHEN, RENA 3037 ROWE STREET N.E. PALM BAY, FL 32905	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTIN, RALDOL C. 1742 AGORA CIRCLE, SE PALM BAY, FL 32909	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JACKSON, DIANE 901 POPLAR LANE MELBOURNE, FL 32901	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D IVY, CHARLES C. 8001-03 South RACINE AVE. CHICAGO, IL 60620	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUCKNER, MATRICE 5416 West Congress PARKWAY CHICAGO, IL 60644	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S COHEN, RENA 3035 ROWE STREET, NE PALM BAY, FL 32905	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PLAIN, LATERRANCE C. P.O. Box 500096 MALABAR, FL 32950-0096	☐ Change ☑ Addition

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: Teresa Plain President 3/11/05 321-872-0187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #