# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 03, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # N04000005960

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

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

01312006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

PLAIN, TERESA
1640 WALKER STREET SE
PALM BAY, FL 32909

**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, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000003419047
02/14/06-80031-012 61.25

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | BUCKNER-PLAIN, TERESA |
| STREET ADDRESS | 1640 WALKER SREET SE |
| CITY-ST-ZIP | PALM BAY, FL 32909 |
| TITLE | D |
| NAME | MARTIN, RALDOL C |
| STREET ADDRESS | 1742 AGORA CIRCLE SE |
| CITY-ST-ZIP | PALM BAY, FL 32909 |
| TITLE | D |
| NAME | IVY, CHARLES C |
| STREET ADDRESS | 8001-03 SOUTH RACINE AVE |
| CITY-ST-ZIP | CHICAGO, IL 60620 |
| TITLE | D |
| NAME | BUCKNER, MATRICE |
| STREET ADDRESS | 5416 WEST CONGRESS PARKWAY |
| CITY-ST-ZIP | CHICAGO, IL 60644 |
| TITLE | S |
| NAME | COHEN, RENA |
| STREET ADDRESS | 3035 ROWE STREET NE |
| CITY-ST-ZIP | PALM BAY, FL 32905 |
| TITLE | D |
| NAME | PLAIN, LATERRANCE C |
| STREET ADDRESS | P.O BOX 500096 |
| CITY-ST-ZIP | MALABAR, FL 32950 |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** _____ 1/31/06 321 872 0187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #