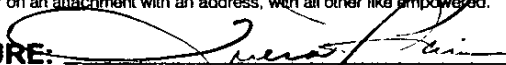


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90105 028 ****61.25

DOCUMENT # N04000005960 1. Entity Name TRUTH PROSPERS LIFE CENTER MINISTRIES, INC.					
Principal Place of Business 1742 AGORA CIRCLE #3 PALM BAY, FL 32909 US			Mailing Address P.O. BOX 500096 MALABAR, FL 32950 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 05-0618480	
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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)		
Filing Fee is \$61.25 Due by May 1, 2007			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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUCKNER-PLAIN, TERESA 1640 WALKER SREET SE 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	D MARTIN, RALDOL C 1742 AGORA CIRCLE SE PALM BAY, FL 32909	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDERSON, WILLIE 8844 South HALSTED ST. CHICAGO, IL 60620	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCKNER, MATRICE 5416 WEST CONGRESS PARKWAY CHICAGO, IL 60644	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUCKNER, MATRICE 5416 West Congress PKWY. CHICAGO, IL 60644	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COHEN, RENA 3035 ROWE STREET NE PALM BAY, FL 32905	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUCKNER, MATRICE 5416 West Congress PKWY. CHICAGO, IL 60644	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLAIN, LATERRANCE C P.O BOX 500096 MALABAR, FL 32950	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUCKNER, MATRICE 5416 West Congress PKWY. CHICAGO, IL 60644	☐ Change ☐ Addition
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: 			321-872-0187 Jan. 18, 2007		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		