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

01172007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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	7. Name and Address of New Registered Agent
PLAIN, TERESA 1640 WALKER STREET SE PALM BAY, FL 32909	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
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, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D IVY, CHARLES C 8001-03 SOUTH RACINE AVE CHICAGO, IL 60620	☑ 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		☐ 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		☐ 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: _____ Jan. 18, 2007 321-872-0187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #