2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 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 #3 PALM BAY, FL 32909 US	P.O. BOX 500096 MALABAR, FL 32950 US

04302008 No Chg-NP CR2E037 (4/06)

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

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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, 2008

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

U00000947044
05/30/08-80074-003 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BUCKNER-PLAIN, TERESA
STREET ADDRESS	1640 WALKER STREET 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	T
NAME	ANDERSON, WILLIE
STREET ADDRESS	8844 SOUTH HALSTED ST
CITY-ST-ZIP	CHICAGO, IL 60620
TITLE	T
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: _____ President 4/30/08 3218210886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #