2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005960

FILED May 01, 2009 Secretary of State

Entity Name: TRUTH PROSPERS LIFE CENTER MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business: 1742 AGORA CIRCLE 1742 AGORA CIRCLE PALM BAY, FL 32909 US PALM BAY, FL 32909 US **New Mailing Address: Current Mailing Address:** P.O. BOX 500096 MALABAR, FL 32950 US FEI Number: 05-0618480 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PLAIN, TERESA BUCKNER PLAIN, TERESA 1640 WALKER STREET SE 1742 AGORA CIRCLE SE PALM BAY, FL 32909 PALM BAY, FL 32909 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. SIGNATURE: TERESA BUCKNER PLAIN 05/01/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition **BUCKNER-PLAIN, TERESA** PLAIN, TERESA Name: Name: 1640 WALKER STREET SE Address: 1742 AGORA CIRCLE SE Address: City-St-Zip: PALM BAY, FL 32909 City-St-Zip: PALM BAY, FL 32909 Title: () Delete Title: () Change () Addition MARTIN, RALDOL C Name: Name: Address: 1742 AGORA CIRCLE SE Address: City-St-Zip: PALM BAY, FL 32909 City-St-Zip: Title: () Delete Title: (X) Change () Addition ANDERSON, WILLIE Name: ANDERSON, WILLIE Name: 8844 SOUTH HALSTED ST 1742 AGORA CIRCLE SE Address: Address: City-St-Zip: CHICAGO, IL 60620 City-St-Zip: PALM BAY, FL 32909 Title: Title: (X) Change () Addition () Delete Name: BUCKNER, MATRICE Name: DALEY, PATRICIA 5416 WEST CONGRESS PARKWAY 1742 AGORA CIRCLE SE Address: Address: City-St-Zip: CHICAGO, IL 60644 City-St-Zip: PALM BAY, FL 32909 Title: () Delete Title: () Change () Addition COHEN, RENA Name: Name: 3035 ROWE STREET NE Address: Address: City-St-Zip: PALM BAY, FL 32905 City-St-Zip: Title: () Delete Title: () Change () Addition PLAIN, LATERRANCE C Name: Name: Address: P.O BOX 500096 Address: MALABAR, FL 32950 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERESA BUCKNER PLAIN PD 05/01/2009