

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012585

FILED  
Jul 26, 2006  
Secretary of State

**Entity Name:** TRUTH COMMUNITY DEVELOPMENT CENTER CORP.

**Current Principal Place of Business:**

16400 NW 15TH AVE  
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

16400 NW 15TH AVE  
MIAMI, FL 33169

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

BUTLER, SABRINA G  
5740 NW 54TH LANE  
TAMARAC, FL 33319 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: WRIGHT, JAMES E  
Address: 16400 NW 15TH AVE  
City-St-Zip: MIAMI, FL 33169

Title: DV ( ) Delete  
Name: WRIGHT, JACQUELINE S  
Address: 16400 NW 15TH AVE  
City-St-Zip: MIAMI, FL 33169

Title: ST ( ) Delete  
Name: FOSTER, GLENDA  
Address: 16400 NW 15TH AVE  
City-St-Zip: MIAMI, FL 33169

Title: D (X) Delete  
Name: REDDING, MAURICE  
Address: 21335 NW 9TH COURT APT #205  
City-St-Zip: MIAMI, FL 33169

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST (X) Change ( ) Addition  
Name: KEMP, SULLIE  
Address: 16400 NW 15TH AVE  
City-St-Zip: MIAMI, FL 33169

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES WRIGHT

DP

07/26/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date