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**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N40599 ✓

1. Corporation Name

TRUTH FOR LIVING MINISTRIES, INC.

Principal Place of Business

9497 LEM TURNER ROAD  
 JACKSONVILLE FL 32208  
 US

Mailing Address

9497 LEM TURNER ROAD  
 JACKSONVILLE FL 32208  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

09/07/1990

4. FEI Number

59-3060819

Applied For  
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

LOVE, LEONARD D.  
 9497 LEM TURNER ROAD  
 JACKSONVILLE FL 32208

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  DELETE  
 NAME LOVE, LEONARD D.  
 STREET ADDRESS 10515 BESSANT RD N  
 CITY-ST-ZIP JACKSONVILLE FL

TITLE VD  DELETE  
 NAME LOVE, CAROLYN L.  
 STREET ADDRESS 10515 BESSANT RD., NO.  
 CITY-ST-ZIP JACKSONVILLE FL

TITLE STD  DELETE  
 NAME GOODMAN, ENOLA  
 STREET ADDRESS 8779 SPRING HARVEST LANE E  
 CITY-ST-ZIP JACKSONVILLE FL

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  Change  Addition  
 NAME Leonard D. Love  
 1.2 NAME  
 1.3 STREET ADDRESS 3760 Michaels Landing Circle E.  
 1.4 CITY-ST-ZIP Jacksonville, Florida 32224

2.1 TITLE VD  Change  Addition  
 2.2 NAME Carolyn L. Love  
 2.3 STREET ADDRESS 3760 Michaels Landing Circle E.  
 2.4 CITY-ST-ZIP Jacksonville, FL 32224

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Leonard D. Love* SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/99

904-765-5323

Date

Daytime Phone #

CR2E037 (1/98)