

# 2000 UNIFORM BUSINESS REPORT (UBR)

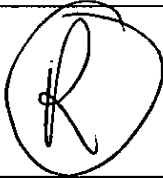
**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90234 045 \*\*\*\*70.00

**DOCUMENT # N40599**

1. Entity 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

*159 Clark Road*

3. Mailing Address

*159 Clark Road*

Subite, Apt. #, etc.

*Jacksonville FL*

Subite, Apt. #, etc.

City & State

*Jacksonville FL*

City & State

*Jacksonville FL*

4. FEI Number

**59-3060819**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

*3760 Michaels Landing Cir. E.*

City

*Jacksonville*

FL

Zip Code

*32224*

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVE, LEONARD D.	NAME	
STREET ADDRESS	3760 MICHAELS LANDING CIRCLE E	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVE, CAROLYN L.	NAME	
STREET ADDRESS	3760 MICHAELS LANDING CIRCLE E	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODMAN, ENOLA	NAME	
STREET ADDRESS	8779 SPRING HARVEST LANE E	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 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:

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

*9/7/00 904-765-5323*  
 Date Daytime Phone #

CR2E037 (5/00)