

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

0004311

**DOCUMENT # N40599**

1. Entity Name

**TRUTH FOR LIVING MINISTRIES, INC.**

04-07-2002 90047 018 \*\*\*\*70.00

Principal Place of Business		Mailing Address	
159 CLARK RD JACKSONVILLE FL 32218 US		159 CLARK RD JACKSONVILLE FL 32218 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3060819	Applied For	Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LOVE, LEONARD D. 9497 LEM TURNER ROAD JACKSONVILLE FL 32208		Name: Dr Leonard D. Love 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: *Leonard D. Love* Leonard D. Love President/Director 3/27/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: LOVE, LEONARD D. STREET ADDRESS: 3760 MICHAELS LANDING CIRCLE E CITY-ST-ZIP: JACKSONVILLE FL 32224	<input type="checkbox"/> Delete	TITLE: SD NAME: Suzy M. Jackson STREET ADDRESS: 1712 W 8th Street CITY-ST-ZIP: Jacksonville, FL 32209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VD NAME: LOVE, CAROLYN L. STREET ADDRESS: 3760 MICHAELS LANDING CIRCLE E CITY-ST-ZIP: JACKSONVILLE FL 32224	<input type="checkbox"/> Delete	TITLE: TD NAME: Lance Hunt STREET ADDRESS: 2864 Victoria Landing Dr. CITY-ST-ZIP: Jacksonville, FL 32208	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: STD NAME: GOODMAN, ENOLA STREET ADDRESS: 8779 SPRING HARVEST LANE E CITY-ST-ZIP: JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: Ronald L. Milligan STREET ADDRESS: 2736 Canyon Falls Dr CITY-ST-ZIP: Jacksonville, FL 32224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: D NAME: Samuel L. Rosser STREET ADDRESS: 9361 Coxwell Ln. CITY-ST-ZIP: Jacksonville, FL 32221	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: D NAME: Earnest L. Clark STREET ADDRESS: 3768 Dexter Dr N. CITY-ST-ZIP: Jacksonville, FL 32218	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* Leonard D. Love 3/27/2002 904-765-5323  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/01)