


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2004 08:00 AM**  
**Secretary of State**

|  |  |   |
|--|--|---|
| <b>DOCUMENT # N40599</b>   |  |  |
| 1. Entity Name<br>TRUTH FOR LIVING MINISTRIES, INC.                      |  |   |
| Principal Place of Business<br>159 CLARK RD<br>JACKSONVILLE, FL 32218 US | Mailing Address<br>159 CLARK RD<br>JACKSONVILLE, FL 32218 US |   |



03082004 No Chg-NP CR2E037 (10/03)

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
 LOVE, LEONARD D.  
 3760 MICHAEL LANDING CIR E  
 JACKSONVILLE, FL 32224

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                         |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>LOVE, LEONARD D.<br>3760 MICHAELS LANDING CIRCLE E<br>JACKSONVILLE, FL 32224 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VD<br>LOVE, CAROLYN L.<br>3760 MICHAELS LANDING CIRCLE E<br>JACKSONVILLE, FL 32224 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | SD<br>JACKSON, SUZY M<br>1712 W 8TH STREET<br>JACKSONVILLE, FL 32209               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | TD<br>HUNT, LANCE<br>8864 VICTORIA LANDING DR<br>JACKSONVILLE, FL 32208            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>MILLIGAN, RONALD L<br>2736 CANYON FALLS DR<br>JACKSONVILLE, FL 32224          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>ROSSER, SAMUEL L<br>9361 COXWELL LANE<br>JACKSONVILLE, FL 32221               |

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 03/10/04-80073-006 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:  **03/08/04 (904) 765-5323**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #