


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90191 018 \*\*\*\*70.00

DOCUMENT # N40599				
1. Entity Name TRUTH FOR LIVING MINISTRIES, INC.				
Principal Place of Business 159 CLARK RD JACKSONVILLE, FL 32218 US		Mailing Address 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	Country	Zip	Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
LOVE, LEONARD D. 3760 MICHAEL LANDING CIR E JACKSONVILLE, FL 32224		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>				
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
Make check payable to Florida Department of State				
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	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, SUZY M		NAME	SD Chelsea Hunt
STREET ADDRESS	1712 W 8TH STREET		STREET ADDRESS	8864 Victoria Landing Drive West
CITY-ST-ZIP	JACKSONVILLE, FL 32209		CITY-ST-ZIP	Jacksonville, FL 32208
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNT, LANCE		NAME	
STREET ADDRESS	8864 VICTORIA LANDING DR		STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32208		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLIGAN, RONALD L		NAME	
STREET ADDRESS	2736 CANYON FALLS DR		STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSER, SAMUEL L		NAME	
STREET ADDRESS	9381 COXWELL LANE		STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32221		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____		Date: 01-05-06 (904) 765-5323		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>		