


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 22, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N40599</b> 1. Entity Name TRUTH FOR LIVING MINISTRIES, INC.	
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Principal Place of Business 159 CLARK RD JACKSONVILLE, FL 32218 US	Mailing Address 159 CLARK RD JACKSONVILLE, FL 32218 US
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**DO NOT WRITE IN THIS SPACE**



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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

U00000835525  
 02/29/08-80039-009 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOVE, LEONARD D. 3760 MICHAELS LANDING CIRCLE E JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOVE, CAROLYN L. 3760 MICHAELS LANDING CIRCLE E JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUNT, CHELSEA 8864 VICTORIA LANDING DR. W JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUNT, LANCE 8864 VICTORIA LANDING DR JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLIGAN, RONALD L. 2736 CANYON FALLS DR JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSSER, SAMUEL L. 9361 COXWELL LANE JACKSONVILLE, FL 32221

**DO NOT WRITE IN THIS SPACE**

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:**  **2/20/08** **904-765-5323**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #