

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N40599

FILED
May 05, 2003
Secretary of State

Entity Name: TRUTH FOR LIVING MINISTRIES, INC.

Current Principal Place of Business:

159 CLARK RD
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

Current Mailing Address:

159 CLARK RD
JACKSONVILLE, FL 32218 US

New Mailing Address:

FEI Number: 59-3060819 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LOVE, LEONARD D.
3760 MICHAEL LANDING CIR E
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOVE, LEONARD D.,
Address: 3760 MICHAEL LANDING CIRCLE E
City-St-Zip: JACKSONVILLE, FL 32224

Title: VD () Delete
Name: LOVE, CAROLYN L.,
Address: 3760 MICHAEL LANDING CIRCLE E
City-St-Zip: JACKSONVILLE, FL 32224

Title: SD () Delete
Name: JACKSON, SUZY M
Address: 1712 W 8TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: TD () Delete
Name: HUNT, LANCE
Address: 8864 VICTORIA LANDING DR
City-St-Zip: JACKSONVILLE, FL 32208

Title: D () Delete
Name: MILLIGAN, RONALD L
Address: 2736 CANYON FALLS DR
City-St-Zip: JACKSONVILLE, FL 32224

Title: D () Delete
Name: ROSSER, SAMUEL L
Address: 9361 COXWELL LANE
City-St-Zip: JACKSONVILLE, FL 32221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEONARD D. LOVE

PD

05/05/2003

Electronic Signature of Signing Officer or Director

_____ Date