FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005294 (3)

1. Corporation Name

UNIVERSAL TRUTH COMMUNITY DEVELOPMENT CORPORATIO N

Principal Place of Business	Mailing Address
21310 SW 37TH AVE MIAMI FL 33056	21310 SW 37TH AVE MIAMI FL 33056

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/26/1994
3a. Date of Last Report:
4. FEI Number: 65-0530891 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 21310 NW 37TH AVE	26 21310 NW 37TH AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami, Fl.	City & State 28 Miami, Fl.
Zip 24 33056 Country 25	Zip 29 33056 Country 30

5. Certificate of Status Desired ☐ **$6.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TUMPKIN, MARY A
21370 NW 37TH AVE
MIAMI FL 33056

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	ADAMS, JOHNNIE	1.2 NAME	
STREET ADDRESS	2100 NW 173RD TER	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33056	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, JOANNE	2.2 NAME	
STREET ADDRESS	21310 SW 37TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, THERESA	3.2 NAME	
STREET ADDRESS	19720 NW 7TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, GEORGE	4.2 NAME	
STREET ADDRESS	2660 CYPRESS CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33025	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	TUMPKIN, MARY A	5.2 NAME	
STREET ADDRESS	13201 NW 29TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL 33054	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	COBB, BARBARA B	6.2 NAME	
STREET ADDRESS	840 S BISCAYNE RIVER DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33189	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary A. Tumpkin 4-25-95 (305)624-4991
SIGNATURE AND TYPED OR PRINTED NAME OF ENTERING OFFICER OR DIRECTOR — Date — *Daytime Phone #
MARY A. TUMPKIN

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