

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000005294 (3)
1. Corporation Name

**UNIVERSAL TRUTH COMMUNITY DEVELOPMENT CORPORATIO
N**



Principal Place of Business: 21310 NW 37TH AVE, MIAMI FL 33056, US
Mailing Address: 21310 NW 37TH AVE, MIAMI FL 33056, US

3. Date Incorporated or Qualified: **10/26/1994**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0530891**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, Suite, Apt. #, etc.: 22, City & State: 23, Zip: 24, Country: 25
2a. Mailing Address: 26, Suite, Apt. #, etc.: 27, City & State: 28, Zip: 29, Country: 30

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | ADAMS, JOHNNIE | |
| STREET ADDRESS | 2100 NW 173RD TER | |
| CITY-ST-ZIP | MIAMI FL 33056 | |
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | WILSON, JOANNE | |
| STREET ADDRESS | 21310 SW 37TH AVE | |
| CITY-ST-ZIP | MIAMI FL 33156 | |
| TITLE | DS | <input type="checkbox"/> DELETE |
| NAME | CAMPBELL, THERESA | |
| STREET ADDRESS | 19720 NW 7TH AVE | |
| CITY-ST-ZIP | MIAMI FL 33169 | |
| TITLE | DT | <input type="checkbox"/> DELETE |
| NAME | JOHNSON, GEORGE | |
| STREET ADDRESS | 2660 CYPRESS CT | |
| CITY-ST-ZIP | MIRAMAR FL 33025 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | TUMPKIN, MARY A | |
| STREET ADDRESS | 13201 NW 29TH AVE | |
| CITY-ST-ZIP | OPA LOCKA FL 33054 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | COBB, BARBARA B | |
| STREET ADDRESS | 840 S BISCAYNE RIVER DR | |
| CITY-ST-ZIP | MIAMI FL 33169 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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)(k), 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: *Joanne Wilson, Vice President* 3/31/96 (305) 688-4605
Date: _____ Daytime Phone: _____

CR2E037 (12/95)