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Jun 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000005294 (3)
 1. Corporation Name
**UNIVERSAL TRUTH COMMUNITY DEVELOPMENT CORPORATIO
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Principal Place of Business 21310 NW 37TH AVE MIAMI FL 33056 US	Mailing Address 21310 NW 37TH AVE MIAMI FL 33056-1030 US
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3. Date Incorporated or Qualified 10/26/1994	3a. Date of Last Report 04/04/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 29
	Country 30

4. FEI Number 65-0530891	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
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 checked="" type="checkbox"/> DELETE
NAME WILSON, JOANNE	
STREET ADDRESS 21310 SW 37TH AVE	
CITY-ST-ZIP MIAMI FL 33156	
TITLE DS	<input checked="" type="checkbox"/> DELETE
NAME CAMPBELL, THERESA	
STREET ADDRESS 19720 NW 7TH AVE	
CITY-ST-ZIP MIAMI FL 33169	
TITLE DT	<input checked="" type="checkbox"/> DELETE
NAME JOHNSON, GEORGE	
STREET ADDRESS 2680 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 checked="" 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 Vice President, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Johnnie Adams	
1.3 STREET ADDRESS 15961 S.W. 3rd Street	
1.4 CITY-ST-ZIP Pembroke Pines, FL 33027	
2.1 TITLE Secretary, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Bernice Kerson	
2.3 STREET ADDRESS 3734 N.W. 213th Street	
2.4 CITY-ST-ZIP Miami, FL 33056	
3.1 TITLE Treasurer, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Pamela Watson	
3.3 STREET ADDRESS 8980 N.W. 8th Street	
3.4 CITY-ST-ZIP Pembroke Pines, FL 33024	
4.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Harold Hicks	
4.3 STREET ADDRESS 7801 N.E. 4th Court, Unit 102	
4.4 CITY-ST-ZIP Miami, FL 33138	
5.1 TITLE President, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME Mary A. Tumpkin	
5.3 STREET ADDRESS 13201 N.W. 29th Avenue	
5.4 CITY-ST-ZIP Opa Locka, FL 33054	
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 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.

CR2E037 (9/96)

[Handwritten signatures and dates]