

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 09, 1999 8:00 am**  
**Secretary of State**

07-09-1999 90003 034 \*\*\*\*61.25

**DOCUMENT # N94000005294**

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

584671 - 90003 - 34



2. Principal Place of Business

1 Suite, Apt. #, etc.

2 City & State

3 Zip Country

4 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/26/1994

4. FEI Number

65-0530891

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

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 Mary Tumpkin, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

6 July 99

12. OFFICERS AND DIRECTORS

TITLE VPD ☐ DELETE

NAME ADAMS, JOHNNIE  
STREET ADDRESS 15961 S.W. 3RD ST  
CITY-ST-ZIP PEMBROKE PINES FL

TITLE SD ☐ DELETE

NAME KERSON, BERNICE  
STREET ADDRESS 3734 N.W. 213TH ST  
CITY-ST-ZIP MIAMI FL

TITLE TD ☐ DELETE

NAME WATSON, PAMELA  
STREET ADDRESS 8980 N.W. 8TH ST  
CITY-ST-ZIP PEMBROKE PINES FL

TITLE D ☐ DELETE

NAME HICKS, HAROLD  
STREET ADDRESS 7801 N.E. 4TH COURT, UNIT 102  
CITY-ST-ZIP MIAMI FL

TITLE PD ☐ DELETE

NAME TUMPKIN, MARY A  
STREET ADDRESS 13201 NW 29TH AVE  
CITY-ST-ZIP OPA LOCKA FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Mary A. Tumpkin  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 July 99 305.624.4991  
Date Daytime Phone #

CR2E037 (5/99)

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