

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

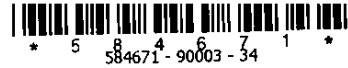
FILED
 Jul 09, 1999 8:00 am
 Secretary of State

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

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

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)

Mary A. Tumpkin

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 Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

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 Tumpkin

6 July 99

Daytime Phone #

305.624.4991

0002824

CR2E037 (5/99)