


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90006 004 ****70.00

DOCUMENT # N94000005294					
1. Entity Name UNIVERSAL TRUTH COMMUNITY DEVELOPMENT CORPORATION					
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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0530891	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TUMPKIN, MARY A 21370 NW 37TH AVE MIAMI FL 33056			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TUMPKIN, MARY A 13201 NW 29TH AVE OPA LOCKA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kennerly, Monica D <input type="checkbox"/> Change <input type="checkbox"/> Addition 3901 E. Lake Rd. Miramar, FL 33023		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KERSON, BERNICE 3734 N.W. 213TH ST CAROL CITY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Simmonds, Eugene <input type="checkbox"/> Change <input type="checkbox"/> Addition 19511 N.W. 24th Avenue, Miami FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FLEMMING, JOHN 14421 POLK STREET MIAMI FL 33142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hicks, Harold D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1065 N.E. 125th Street No. Miami, FL 33157		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HESTER, BILLY 2343 NW 52 STREET MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Spring, Larry TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9750 SW 157 Terr Miami, FL 331 DELETE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, JOHNNIE 15961 SW 3RD STREET PEMBROKE PINES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TD BISHOP, CHESTER 11301 NW 26 ST PLANTATION FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Mary A. Tumpkin</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # (305) 624-4991	
REV. MARY A. TUMPKIN					