


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90023 007 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0530891	
5. Certificate of Status Desired				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FLEMMING, JOHN 1996 S.E. 18 ST HOMESTEAD, FL 33035				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	SD KERSON, BERNICE M 3734 NW 213 STREET MIAMI GARDENS, FL 33055		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Edgar Wright Treasurer 1780 NE 172 Street No Miami Beach, FL 33162	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONDS, EUGENE 19511 N.W. 24TH AVENUE MIAMI, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Harold Hicks 1065 NE 125 Street NO. Miami, FL 33157	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TUMPKIN, MARY 21310 NW 37TH AVE MIAMI GARDENS, FL 33056		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DR. Clyde Pettaway 2853 NW 212 Terr Miami Gardens, FL 33056	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLEMING, JOHN 1996 SE 18TH STREET HOMESTEAD, FL 33035		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, JOHNNIE 15961 SW 3RD STREET PEMBROKE PINES, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BISHOP, CHESTER 11301 NW 26 ST PLANTATION, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Bernice M. Kerson</i>			BERNICE M. KERSON 3/25/08 (305) 624-4991		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		