


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

03-31-2008 90023 007 \*\*\*\*70.00

<b>DOCUMENT # N94000005294</b>					
1. Entity Name <b>UNIVERSAL TRUTH COMMUNITY DEVELOPMENT CORPORATION</b>					
Principal Place of Business <b>21310 NW 37TH AVE MIAMI, FL 33056 US</b>			Mailing Address <b>21310 NW 37TH AVE MIAMI, FL 33056 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0530891</b>	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>FLEMMING, JOHN 1996 S.E. 18 ST HOMESTEAD, FL 33035</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	Edgar Wright	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KERSON, BERNICE M		NAME	Treasurer	
STREET ADDRESS	3734 NW 213 STREET		STREET ADDRESS	1780 NE 172 Street	
CITY-ST-ZIP	MIAMI GARDENS, FL 33055		CITY-ST-ZIP	No Miami Beach, FL 33162	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D Harold Hicks	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMMONDS, EUGENE		NAME	1065 NE 125 Street	
STREET ADDRESS	19511 N.W. 24TH AVENUE		STREET ADDRESS	NO. Miami, FL 33157	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	D DR. Clyde Pettaway	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TUMPKIN, MARY		NAME	2853 NW 212 Terr	
STREET ADDRESS	21310 NW 37TH AVE		STREET ADDRESS	Miami Gardens, FL 33056	
CITY-ST-ZIP	MIAMI GARDENS, FL 33056		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEMING, JOHN		NAME		
STREET ADDRESS	1996 SE 18TH STREET		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33035		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, JOHNNIE		NAME		
STREET ADDRESS	15961 SW 3RD STREET		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISHOP, CHESTER		NAME		
STREET ADDRESS	11301 NW 26 ST		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL		CITY-ST-ZIP		
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 #	