

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005294

FILED
Mar 25, 2009
Secretary of State

Entity Name: UNIVERSAL TRUTH COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

21310 NW 37TH AVE
MIAMI, FL 33056 US

New Principal Place of Business:

Current Mailing Address:

21310 NW 37TH AVE
MIAMI, FL 33056 US

New Mailing Address:

FEI Number: 65-0530891 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FLEMMING, JOHN
1996 S.E. 18 ST
HOMESTEAD, FL 33035 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: KERSON, BERNICE M
Address: 3734 NW 213 STREET
City-St-Zip: MIAMI GARDENS, FL 33055

Title: D () Delete
Name: SIMMONDS, EUGENE
Address: 19511 N.W. 24TH AVENUE
City-St-Zip: MIAMI, FL

Title: VP () Delete
Name: TUMPKIN, MARY
Address: 21310 NW 37TH AVE
City-St-Zip: MIAMI GARDENS, FL 33056

Title: P () Delete
Name: FLEMING, JOHN
Address: 1996 SE 18TH STREET
City-St-Zip: HOMESTEAD, FL 33035

Title: T () Delete
Name: WRIGHT, EDGAR
Address: 1780 NE 172 ST
City-St-Zip: N. MIAMI BCH, FL 33162

Title: D () Delete
Name: HICKS, HAROLD
Address: 1065 NE 125 ST
City-St-Zip: NORTH MIAMI BEACH, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REV. DR. MARY A. TUMPKIN

VP

03/25/2009

Electronic Signature of Signing Officer or Director

Date