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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000006546 (3)**

1. Corporation Name

TRUTH IN LOVE MINISTRY, INC.



Principal Place of Business 3001 NORTHWEST 46 AVENUE, SUITE 103 LAUDERDALE LAKES FL 33313	Mailing Address 3001 NORTHWEST 46 AVENUE, SUITE 103 LAUDERDALE LAKES FL 33313
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified
01/01/1997

4. FEI Number
65-0716182

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**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name **Estafan N.S. Farag**
82 Street Address (P.O. Box Number is Not Acceptable)
3001 N.W. 46th Ave., # 103
83
84 City **Lauderdale lakes** FL 85 Zip Code **33313**

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 *Estafan N.S. Farag* **Estafan N.S. Farag VD 2-28-98**
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARAG, NASSER S	1.2 NAME	President, Director
STREET ADDRESS	3001 NORTHWEST 46 AVENUE, SUITE 103	1.3 STREET ADDRESS	Walker, Hayward
CITY-ST-ZIP	LAUDERDALE LAKES FL 33313	1.4 CITY-ST-ZIP	8820 N.W. 4th St. Pembroke Pines, FL 33024
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARAG, ESTAFAN N.S.	2.2 NAME	
STREET ADDRESS	3001 NORTHWEST 46 AVENUE, SUITE 103	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33313	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARAG, MARILYN S	3.2 NAME	
STREET ADDRESS	3001 NORTHWEST 46 AVENUE, SUITE 103	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33313	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Director
STREET ADDRESS		4.3 STREET ADDRESS	Adams, Jamie
CITY-ST-ZIP		4.4 CITY-ST-ZIP	3950 N. 56 Ave. Hollywood, FL 33021
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Director
STREET ADDRESS		5.3 STREET ADDRESS	Ms. Nancy Powderly
CITY-ST-ZIP		5.4 CITY-ST-ZIP	P.O. Box 28063 N/A Tamarac, FL 33320
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Marilyn S. Farag* **MARILYN S. Farag STD 2-28-98 (954) 133-4827**

CR2E037 (10/97)