

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State

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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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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 ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FARAG, ESTAFAN N.S.
3001 NW 46TH AVE, #103
LAUDERDALE LAKES FL 33313

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME FARAG, NASSER S
STREET ADDRESS 3001 NORTHWEST 46 AVENUE, SUITE 103
CITY-ST-ZIP LAUDERDALE LAKES FL 33313

TITLE VD ☐ DELETE

NAME FARAG, ESTAFAN N.S.
STREET ADDRESS 3001 NORTHWEST 46 AVENUE, SUITE 103
CITY-ST-ZIP LAUDERDALE LAKES FL 33313

TITLE STD ☐ DELETE

NAME FARAG, MARILYN S
STREET ADDRESS 3001 NORTHWEST 46 AVENUE, SUITE 103
CITY-ST-ZIP LAUDERDALE LAKES FL 33313

TITLE PD ☐ DELETE

NAME WALKER, HAYWARD
STREET ADDRESS 8820 NW 4TH ST
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE D ☐ DELETE

NAME ADAMS, JAMIE
STREET ADDRESS 3950 N 56TH AVE
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE D ☐ DELETE

NAME POWDERLY, NANCY
STREET ADDRESS P. O. BOX 25063 N/A
CITY-ST-ZIP TAMARAC FL 33320

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME Joseph, George
1.3 STREET ADDRESS 19101 S.W. 61 Manor
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33332

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Mc Intosh, Tim
2.3 STREET ADDRESS 910 NE 119 St.
2.4 CITY-ST-ZIP Biscayne Park, FL 33161

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME Mc Intosh, Stacie
3.3 STREET ADDRESS 910 NE 119 St.
3.4 CITY-ST-ZIP Biscayne Park, FL 33161

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Marilyn S. Farag
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)