FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 07, 2001 8:00 am Secretary of State DOCUMENT # N96000006546 1 Entity Name 04-07-2001 90001 007 ****61.25 TRUTH IN LOVE MINISTRY, INC. Principal Place of Business Mailing Address 3001 NORTHWEST 46 AVENUE, SUITE 103 3001 NORTHWEST 46 AVENUE, SUITE 103 LAUDERDALE LAKES FL 33313 LAUDERDALE LAKES FL 33313 819394 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0716182 Not Applicable Zip Zin Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) FARAG, ESTAFAN N.S. 3001 NW 46TH AVE, #103 LAUDERDALE LAKES FL 33313 City 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. D TITLE ☐ Delete TITLE v D ☐ Addition MEINTOSH, TIM ST. FARAG, NASSER S NAME NAME STREET ADDRESS STREET ADDRESS 3001 NORTHWEST 46 AVENUE, SUITE 103 CITY-ST-ZIP Biscayne Park, FL 33161 CITY-ST-7IP LAUDERDALE LAKES FL 33313 Change Addition TITLE ☐ Defete TITI F McIntosh, Stacy 910 NE 11998 ST FARAG. ESTAFAN N.S. NAME NAME 3001 NORTHWEST 46 AVENUE, SUITE 103 STREET ADDRESS STREET ADDRESS Biscagne Park; FL 33161-LAUDERDALE LAKES FL 33313-CITY-ST-ZIP CITY-ST-ZIP-Walker, Janke 8920 NW 49851. **Addition** TITLE ☐ Delete TITLE Change FARAG, MARILYN S NAME NAME STREET ADDRESS 3001 NORTHWEST 46 AVENUE, SUITE 103 STREET ADDRESS Pembroke Pines, FL 33024 CITY-ST-ZIP LAUDERDALE LAKES FL 33313 CITY-ST-ZIP TITLE ☐ Delete **ML**Addition TITLE ☐ Change Sanchez WALKER, HAYWARD NAME NAME Box 550175 STREET ADDRESS 8820 NW 4TH ST STREET ADDRESS CITY-ST-ZIP Ft. Lauderdale, FL 33355 CITY-ST-ZIP PEMBROKE PINES FL 33024 TITLE X Delete TITLE ☐ Change Addition ADAMS, JAMIE NAME NAME STREET ADDRESS 3950 N 56TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 TITLE Delete TITLE ☐ Change Addition POWDERLY, NANCY NAME NAME STREET ADDRESS P. O. BOX 25063 N/A STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33320 CITY-ST-ZIP

WEEDMARILYN S. FARAG SIGNATURE: R OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered

12. 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 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