

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000003860 (0)**

1. Corporation Name

**THE TRUTHE PROGRAM, INC.**

Principal Place of Business

Mailing Address

**6707 S.W. 88TH ST. #119  
MIAMI FL 33156**

**6707 S.W. 88TH ST. #119  
MIAMI FL 33156**

3. Date Incorporated or Qualified

**07/03/1997**

4. FEI Number

**65-0747054**

Applied For

☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 6707 S.W. 88TH ST.**

**26 6707 S.W. 88TH ST.**

Suite, Apt. #, etc

Suite, Apt. #, etc.

**22 105**

**27 105**

City & State

City & State

**23 MIAMI FLORIDA**

**28 MIAMI FLORIDA**

Zip

Zip

**24 33156**

**29 33156**

Country

Country

**25 US**

**30 US**

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

10. Name and Address of New Registered Agent

**MATTHEWS, MICHAEL  
6707 S.W. 88TH ST. #119  
MIAMI FL 33156**

81 Name

**MICHAEL MATTHEWS**

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

**6707 S.W. 88TH ST**

83

**#105**

84 City

**MIAMI**

**FL**

85 Zip Code

**33156**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

**4/12/98**

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

**TITLE D  
NAME HODGES, CHEVON  
STREET ADDRESS 34 SHARPLESS BLVD.  
CITY-ST-ZIP WEST HAMPTON NJ 08060**

☐ DELETE

**TITLE D  
NAME JENKINS, MAURICE  
STREET ADDRESS 13003 S.W. 112TH PLACE  
CITY-ST-ZIP MIAMI FL 33176**

☐ DELETE

**TITLE D  
NAME SIMPSON, ZERION  
STREET ADDRESS 10255 S.W. 175TH STREET  
CITY-ST-ZIP MIAMI FL 33157**

☐ DELETE

**TITLE D  
NAME FOWLER, OTIS  
STREET ADDRESS 8290 LAKE DRIVE  
CITY-ST-ZIP MIAMI FL 33186**

☐ DELETE

**TITLE D  
NAME GIBSON, GREGORY  
STREET ADDRESS 6969 COLLINS AVE. #709  
CITY-ST-ZIP MIAMI BEACH FL 33141**

☐ DELETE

**TITLE P  
NAME MICHAEL MATTHEWS  
STREET ADDRESS 6707 S.W. 88TH ST #105  
CITY-ST-ZIP MIAMI FL 33156**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

**1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**6.1 TITLE  
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.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/12/98**  
Date

**305-605-6541**  
Daytime Phone #

0031162

CR2E037 (10/97)