FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 5:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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-05/17/95--01053--021
****200.00 ****200.00

DOCUMENT # **P94000025759 (9)**

1. Corporation Name

TRUE LOVERS OF CHRIST PRODUCTIONS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2285 SW 80 TERR MIRAMAR FL 33025	2285 SW 80 TERR MIRAMAR FL 33025

3. Date Incorporated or Qualified: **03/31/1994**

3a. Date of Last Report:

2. Principal Place of Business (21):

2a. Mailing Address (26):

4. FEI Number: 65-0490516 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22):

Suite, Apt. #, etc. (27):

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

City & State (23):

City & State (28):

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24): Country (25):

Zip (29): Country (30):

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

STEINBERG, PAUL B
767 ARTHUR GODFREY RD
MIAMI BEACH FL 33140

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Wallace Smith 4-27-95
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D/P/T	☐ Change ☒ Addition
NAME	SMITH, WALLACE	12 NAME	WALLACE SMITH	
STREET ADDRESS	2285 SW 80 TERR	13 STREET ADDRESS	2285 SW 80 TER	
CITY-ST-ZIP	MIRAMAR FL 33025	14 CITY-ST-ZIP	MIRAMAR FL. 33025	
TITLE	D	21 TITLE	D/V/S	☐ Change ☒ Addition
NAME	HORTON, THOMAS	22 NAME	THOMAS HORTON	
STREET ADDRESS	2195 NW 179 ST	23 STREET ADDRESS	14650 NW 15 DR	
CITY-ST-ZIP	MIAMI FL 33056	24 CITY-ST-ZIP	MIAMI FL. 33168	
TITLE		31 TITLE	D/V/E	☐ Change ☒ Addition
NAME		32 NAME	MICHAEL HOWARD	
STREET ADDRESS		33 STREET ADDRESS	6366 NW 188 LANE	
CITY-ST-ZIP		34 CITY-ST-ZIP	MIAMI FL. 33015	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

(4)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wallace Smith 4-27-95 (305) 438-2139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0493A08 FR