FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P94000025759 (9)**

1. Corporation Name
TRUE LOVERS OF CHRIST PRODUCTIONS, INC.

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: **05/01/1995**
4. FEI Number: **65-0490516** ☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	D	☐ DELETE
NAME	SMITH, WALLACE	
STREET ADDRESS	2285 SW 80 TERR	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	D	☑ DELETE
NAME	HORTON, THOMAS	
STREET ADDRESS	2195 NW 179 ST	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	DPT	☐ DELETE
NAME	SMITH, WALLACE	
STREET ADDRESS	2285 S.W 80 TERR.	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	DVS	☑ DELETE
NAME	HORTON, THOMAS	
STREET ADDRESS	14650 N.W. 15 DR.	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	DVE	☐ DELETE
NAME	HOWARD, MICHAEL	
STREET ADDRESS	6366 N.W. 188 LANE	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P/T	☑ Change ☐ Addition
1.2 NAME	SMITH WALLACE	
1.3 STREET ADDRESS	2285 SW 80 TERR	
1.4 CITY-ST-ZIP	MIRAMAR FL. 33025	
2.1 TITLE	V/D	☑ Change ☐ Addition
2.2 NAME	HOWARD MICHAEL	
2.3 STREET ADDRESS	6366 N.W. 188 LANE	
2.4 CITY-ST-ZIP	MIAMI FL. 33015	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		

CR2E034 (12/95)

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)(k), 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 4-23-96 438-21-39
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR