

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005960

Entity Name: TRUTH PROSPERS LIFE CENTER MINISTRIES, INC.**Current Principal Place of Business:**1720 MALABAR RD.
500096
MALABAR, FL 32950**Current Mailing Address:**P.O. BOX 500096
MALABAR, FL 32950 US**FEI Number: 05-0618480****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUCKNER PLAIN, TERESA
1720 MALABAR RD.
500096
MALABAR, FL 32950 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	PLAIN, TERESA
Address	1720 MALABAR ROAD 500096
City-State-Zip:	MALABAR FL 32950

Title	T
Name	ANDERSON, WILLIE
Address	1720 MALABAR ROAD 500096
City-State-Zip:	MALABAR FL 32950

Title	S
Name	COHEN, RENA
Address	3035 ROWE STREET NE
City-State-Zip:	PALM BAY FL 32905

Title	D
Name	MARTIN, RALDOL C
Address	1720 MALABAR ROAD 500096
City-State-Zip:	MALABAR FL 32950

Title	T
Name	DALEY, PATRICIA
Address	1720 MALABAR ROAD 500096
City-State-Zip:	MALABAR FL 32950

Title	D
Name	PLAIN, LATERRANCE C
Address	P.O BOX 500096
City-State-Zip:	MALABAR FL 32950

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TERESA PLAIN**PRESIDENT/DIRECTOR****02/14/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date