

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000005960

**Entity Name:** TRUTH PROSPERS LIFE CENTER MINISTRIES, INC.**Current Principal Place of Business:**1742 AGORA CIRCLE  
PALM BAY, FL 32909**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  
1742 AGORA CIRCLE SE  
PALM BAY, FL 32909 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         | 1742 AGORA CIRCLE SE |
| City-State-Zip: | PALM BAY FL 32909    |

|                 |                      |
|-----------------|----------------------|
| Title           | T                    |
| Name            | ANDERSON, WILLIE     |
| Address         | 1742 AGORA CIRCLE SE |
| City-State-Zip: | PALM BAY FL 32909    |

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

|                 |                      |
|-----------------|----------------------|
| Title           | D                    |
| Name            | MARTIN, RALDOL C     |
| Address         | 1742 AGORA CIRCLE SE |
| City-State-Zip: | PALM BAY FL 32909    |

|                 |                      |
|-----------------|----------------------|
| Title           | T                    |
| Name            | DALEY, PATRICIA      |
| Address         | 1742 AGORA CIRCLE SE |
| City-State-Zip: | PALM BAY FL 32909    |

|                 |                     |
|-----------------|---------------------|
| 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****01/11/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date