

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

96 SEP -9 AM 10:13

DOCUMENT # 727736 (1)

1. Corporation Name  
 TRUMPETS OF TRUTH INTERNATIONAL, INC.

96-AR  
 CM



Principal Place of Business: 6715 W.GROVER CLEVELAND BLVD. P.O.BOX 4350 HOMOSASSA SPRINGS FL 32647  
 Mailing Address: 6715 W.GROVER CLEVELAND BLVD. P.O.BOX 4350 HOMOSASSA SPRINGS FL 32647

3. Date Incorporated or Qualified: 10/12/1973  
 3a. Date of Last Report: 05/01/1995

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24  
 25  
 26 P.O. Box 4350  
 27 Suite, Apt. #, etc.  
 28 Homosassa Springs Fl.  
 29 34447  
 30 USA

4. FEI Number: 59-1572536  
 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
 THOMPSON, MILDRED  
 6981 W. GROVER CLEVELAND BLVD  
 HOMOSASSA SPRINGS FL 34447

10. Name and Address of New Registered Agent  
 81 Name: Teresa Williams  
 82 Street Address (P.O. Box Number is Not Acceptable): 6499 W. Robin Lane  
 83  
 84 City: Homosassa FL 85 Zip Code: 34447

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: Teresa Williams DATE: 8/8/96  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	VD	<input checked="" type="checkbox"/>
NAME	KESSLER, PAUL	
STREET ADDRESS	12TH GOLDEN	
CITY-ST-ZIP	BEVERLY HILLS FL	
TITLE	DP	<input type="checkbox"/>
NAME	WILLIAMS, MIKE	
STREET ADDRESS	6499 W. ROBIN LANE	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE	TD	<input type="checkbox"/>
NAME	FEDOR, DONALD	
STREET ADDRESS	2865 E. HAYES RD	
CITY-ST-ZIP	INVERNESS FL	
TITLE	SD	<input checked="" type="checkbox"/>
NAME	THOMPSON, MILDRED	
STREET ADDRESS	6981 W. GROVER CLEVELAND BLVD	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	800001951458		
1.4 CITY-ST-ZIP	-09/19/96--01010--007 *****61.25 *****61.25		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	Teresa Williams		
4.3 STREET ADDRESS	6499 W. Robin Lane		
4.4 CITY-ST-ZIP	Homosassa Fl. 34447		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Teresa Williams Teresa Williams DATE: 7/11/96 DAYTIME PHONE #: 926 0904  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (3/96)