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Sep 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 727736 (1)

1. Corporation Name

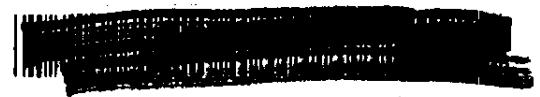
TRUMPETS OF TRUTH INTERNATIONAL, INC.

Principal Place of Business

6715 W.GROVER CLEVELAND BLVD.
HOMOSASSA SPRINGS FL 34447

Mailing Address

P.O. BOX 4350
HOMOSASSA SPRINGS FL 34447-4350



3. Date Incorporated or Qualified
10/12/1973

3a. Date of Last Report
09/09/1996

2. Principal Place of Business

21 Suits, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suits, Apt. #, etc.

27 City & State

29 Zip

30 Country

4. FEI Number
59-1572536

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, TERESA
6499 W. ROBIN LANE
HOMOSASSA FL 34448

81 Name Candace Mays
82 Street Address (P.O. Box Number is Not Acceptable) (P.O. Box 3116) mailing Address
83 4060 S. Skylark Terr
84 City Homosassa Springs 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 of 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 *Candace Mays*

9-3-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WILLIAMS, MIKE	
STREET ADDRESS	6499 W. ROBIN LANE	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FEDOR, DONALD	
STREET ADDRESS	2065 E. HAYES RD	
CITY-ST-ZIP	INVERNESS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, TERESA	
STREET ADDRESS	6499 W. ROBIN LANE	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	Pres/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Don Fedor	
1.3 STREET ADDRESS	2665 E Hayes St	
1.4 CITY-ST-ZIP	Inverness FL 34453	
2.1 TITLE	Vice President/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mark Burnette	
2.3 STREET ADDRESS	825 N. Savary Avenue	
2.4 CITY-ST-ZIP	Inverness FL 34453	
3.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Chris Voight	
3.3 STREET ADDRESS	2151 N. Fatima Ave	
3.4 CITY-ST-ZIP	Inverness FL 34453	
4.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Candace Mays	
4.3 STREET ADDRESS	P.O. Box 3116	
4.4 CITY-ST-ZIP	Homosassa Sprgs FL 34447	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

9-3-97

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