


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 04 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 10/12/1973	
4. FEI Number 59-1572536	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Zip	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent

**MAYS, CANDACE
4060 SOUTH SKYLARK TERRACE
HOMOSASSA FL 34448**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code

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: *Candace Mays* DATE: **1-27-98**

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

12. OFFICERS AND DIRECTORS

TITLE	P D <input type="checkbox"/> DELETE
NAME	FEDOR, DON
STREET ADDRESS	2665 EAST HAYES STREET
CITY-ST-ZIP	INVERNESS FL 34453
TITLE	VP D <input type="checkbox"/> DELETE
NAME	BURNETTE, MARK
STREET ADDRESS	825 NORTH SAVARY AVENUE
CITY-ST-ZIP	INVERNESS FL 34453
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, TERESA
STREET ADDRESS	6499 W. ROBIN LANE
CITY-ST-ZIP	HOMOSASSA FL 34448
TITLE	T <input type="checkbox"/> DELETE
NAME	VOIGHT, CHRIS
STREET ADDRESS	2151 NORTH FATIMA AVENUE
CITY-ST-ZIP	INVERNESS FL 34453
TITLE	S <input type="checkbox"/> DELETE
NAME	MAYS, CANDACE
STREET ADDRESS	P.O. BOX 3116 N A
CITY-ST-ZIP	HOMOSASSA SPRINGS FL 34447
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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: *Candace Mays* DATE: **1-27-98**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)