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Secretary of State

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FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998 99

FLORIDA DEPARTMENT OF STATE
 Sandra G. Northam
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 727736 (1)
 Corporation Name
TRUMPETS OF TRUTH INTERNATIONAL, INC.

Principal Place of Business
 1 W. GROVER CLEVELAND BLVD.
 HOMOSASSA SPRINGS FL 34447

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

2a. Mailing Address
 PO BOX 1147
 HERNANDO FL 34442

Principal Place of Business
 Suite, Apt. #, etc.

City & State
 City & State
 34442 CITRUS

Zip Country Zip Country

3. Date Incorporated or Qualified
 10/12/1973

4. FEI Number
 59-1572536

5. Certificate of Status Desired
 \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution
 \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
 Yes No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
 MAYS, CANDACE
 4088 SOUTH SKYLINE TERRACE
 HOMOSASSA FL 34448
 3350 E CROWN DR.
 INVERNESS FL 34453

81 Name
 MAYS, CANDACE

82 Street Address (P.O. Box Number is Not Acceptable)
 3350 E CROWN DR.

83 INVERNESS FL 34453

84 City FL 85 Zip Code

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: 1-27-98-99-9-13-99

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	P O	1.1 TITLE	SECRETARY DIRECTOR
2. NAME	FEDOR, DON	1.2 NAME	MAYS, CANDACE
3. STREET ADDRESS	2865 EAST HAYES STREET	1.3 STREET ADDRESS	3350 E CROWN DR
4. CITY-ST-ZIP	INVERNESS FL 34453	1.4 CITY-ST-ZIP	INVERNESS FL 34453
5. TITLE	VP D	2.1 TITLE	TRUSTEE- CEO
6. NAME	BURNETTE, MARK	2.2 NAME	MARGARETH FEDOR
7. STREET ADDRESS	825 NORTH SAVARY AVENUE	2.3 STREET ADDRESS	2665 E HAYES ST
8. CITY-ST-ZIP	INVERNESS FL 34453	2.4 CITY-ST-ZIP	INVERNESS, FL 34453
9. TITLE	SD	3.1 TITLE	TRUSTEE- PRESIDENT, TREASURER
10. NAME	WILLIAMS, TERESA	3.2 NAME	DON FEDOR
11. STREET ADDRESS	6499 W. ROBIN LANE	3.3 STREET ADDRESS	2665 E HAYES ST
12. CITY-ST-ZIP	HOMOSASSA FL 34448	3.4 CITY-ST-ZIP	INVERNESS FL 34453
13. TITLE	T	4.1 TITLE	TRUSTEE- VICE PRESIDENT
14. NAME	VOIGHT, CHRIS	4.2 NAME	MARK BURNETTE
15. STREET ADDRESS	2151 NORTH FATIMA AVENUE	4.3 STREET ADDRESS	825 NORTH SAVARY AVE.
16. CITY-ST-ZIP	INVERNESS FL 34453	4.4 CITY-ST-ZIP	INVERNESS FL 34453
17. TITLE	S	5.1 TITLE	DIRECTOR
18. NAME	MAYS, CANDACE	5.2 NAME	JAMES STAPLES
19. STREET ADDRESS	P.O. BOX 3116 N A	5.3 STREET ADDRESS	1833 N. WATKINS PT.
20. CITY-ST-ZIP	HOMOSASSA SPRINGS FL 34447	5.4 CITY-ST-ZIP	INVERNESS FL 34453
21. TITLE		6.1 TITLE	
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY-ST-ZIP		6.4 CITY-ST-ZIP	

4. 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.

Candace Mays