


FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 10 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 # N33484 (9)
1. Corporation Name
SWORD OF TRUTH MINISTRIES, INC.



Principal Place of Business		Mailing Address	
2201 STATION CLUB DRIVE MARIETT GA 30080 US		821-H CONCORD RD. SUITE 252 SMYRNA GA 30080 US	
21	22	26	27
Suite, Apt. #, etc.	City & State	Suite, Apt. #, etc.	City & State
24	25	29	30
Zip	Country	Zip	Country

3. Date Incorporated or Qualified
07/27/1989

4. FEI Number
59-2981785

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

9. Name and Address of Current Registered Agent

HUBBARD, MICHAEL & DONN
6928 COE RD.
PANAMA CITY FL 32404

10. Name and Address of New Registered Agent

81 Name
JERRY & CAROLYN TRAMEL

82 Street Address (P.O. Box Number is Not Acceptable)
11835 RAINTREE DR.

83 **PANAMA CITY,**

84 City

FL 85 Zip Code
32404

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 *Carolyn & Jerry Tramel* *Carolyn Tramel* **Mar 31, 1998**

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

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	CD	<input type="checkbox"/>
NAME	LOWELL, ROBERT O.	
STREET ADDRESS	2201 STATION CLUB DRIVE	
CITY-ST-ZIP	MARIETTA GA	
TITLE	VD	<input type="checkbox"/>
NAME	BURROUGHS, LIEVELLA	
STREET ADDRESS	2706 STATION CLUB DRIVE	
CITY-ST-ZIP	MARIETTA GA	
TITLE	VTD	<input type="checkbox"/>
NAME	LOWELL, DORIS A	
STREET ADDRESS	2201 STATION CLUB DRIVE	
CITY-ST-ZIP	MARIETTA GA	
TITLE	PD	<input type="checkbox"/>
NAME	BURROUGHS, MAXWELL	
STREET ADDRESS	2706 STATION CLUB DRIVE	
CITY-ST-ZIP	MARIETTA GA	
TITLE	DS	<input type="checkbox"/>
NAME	POPE, BETTY	
STREET ADDRESS	2706 STATION CLUB DRIVE	
CITY-ST-ZIP	MARIETTA GA	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
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		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
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 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: *Robert O. Lowell* **3-20-98** **(770) 438-8729**

CR2E037 (10/97)