

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 07, 2004  
Secretary of State**

DOCUMENT# N99000001469

Entity Name: BIBLE TRUTH MINISTRIES INTL, INC.

**Current Principal Place of Business:**

919 E. EMMA ST.  
TAMPA, FL 33603

**New Principal Place of Business:**

**Current Mailing Address:**

3305 E ELLIOTT STREET  
TAMPA, FL 33610

**New Mailing Address:**

FEI Number: 59-3564506      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DEAN, DANIEL  
919 E. EMMA ST  
TAMPA, FL 33603      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PT      ( ) Delete  
Name: DEAN, DANIEL  
Address: 919 E EMMA STREET  
City-St-Zip: TAMPA, FL 33603

Title: PDD      ( ) Delete  
Name: ANDERSON, RON  
Address: 8206 NATCHEZ STREET  
City-St-Zip: TAMPA, FL 33637

Title: TEC      ( ) Delete  
Name: DEAN, SUZETTE  
Address: 919 E EMMA STREET  
City-St-Zip: TAMPA, FL 33603

Title: D      ( ) Delete  
Name: ROUSE, WENDY  
Address: PO BOX 47383  
City-St-Zip: TAMPA, FL 33647

Title: D      ( ) Delete  
Name: DEAN, PAUL  
Address: 3475 NW 180 ST.  
City-St-Zip: MIAMI, FL 33510

Title: D      ( ) Delete  
Name: GRANDBERRY, EMANUEL  
Address: 1904 E. EMMA ST.  
City-St-Zip: TAMPA, FL 33610

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: JENKINS, SHARLA  
Address: 3201 E FRIERSON  
City-St-Zip: TAMPA, FL 33610

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZETTE DEAN

TEC

01/07/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date