

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001469

FILED
Apr 08, 2009
Secretary of State

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:

4902 N 22ND 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: PD () Delete
Name: DEAN, SUZETTE
Address: 919 E EMMA ST
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: JENKINS, SHARLA
Address: 3201 E FRIERSON
City-St-Zip: TAMPA, FL 33610

Title: D () Delete
Name: GRANDBERRY, EMANUEL
Address: 1513 E FRIERSON
City-St-Zip: TAMPA, FL 33610

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

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
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Address:
City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SHARLA JENKINS

D

04/08/2009

Electronic Signature of Signing Officer or Director

_____ Date