## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9900001469

1. Entity Name

## BIBLE TRUTH MINISTRIES INTL, INC.



**FILED** Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90009 034 \*\*\*\*61.25

					1 000 FT	TES						
Principal Place of Business Mailing				ng Address								
919 E. EMMD ST. 3305							1 (88)((8) 8) (1)	II <b>O</b> 2 <b>6</b> 11+ <b>85</b> 121 <b>8</b> 8111	88111 <b>89</b> 111 <b>681</b> 1	s nada debih di	18 1811 1881	
2. Principal Place of Business 3. Mail				ling Address								
Suite, Apt. #, etc. Su			uite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			ity & State				4. FEI Number 50	<del>9-3564506</del>	~ _		plied For	
Zip Country			)	untry	*	5 Cortificate of Status Desired \$8.75 Additional						
							ree nequired					
6. Name	and Address of Current	Registere	ed Agent		Name		7. Name and Add	ress of New H	egistered A	gent		
DEAN, DANIEL 919 E. EMMA ST TAMPA FL 33603							(P.O. Box Number is N	Not Acceptable	·)			
				City		<u> </u>		FL				
		or the purp	ose of changing its	registe	ed office or	registe	red agent, or both, in	the State of Flo	orida. I am fa	amiliar with,	and accept	
J	·											
Signature, typed	or printed name of registered agen	t and title if app	plicable. (NOTI	E: Register	ed Agent signati	re require	d when reinstating)		DATE			
FILE NOW: FEE IS \$61.25					_		\$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS				11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
PT			☐ Delete	TITI	LE					☐ Change	☐ Addition	
											Ì	
	_ 33603									Change	Addition	
	N. RON		LI Delete			. ~	<b>4-</b>					
NAME ANDERSON, HUN STREET ADDRESS 8206 NATCHEZ STREET												
	_ 33637			CIT	Y-ST-ZIP				-			
l.	· TITE		☐ Delete							Unange	☐ Addition	
D		<del></del>	<b>X</b> Delete	TIT	LE	Dire	ector.	<del></del> -		Change	Addition	
REAGOR,	AVE		A 2	NA	ME	We	ndy Rou	se				
						P-1	o. Box 4	7383				
	_ 33617			CIT	Y-ST-ZIP	la	mpa FL.	3364	!			
D	- M		Delete				•			Change	☐ Addition	
				- 6								
			☐ Delete	TIT	LE			·		☐ Change	Addition	
_	RRY, EMANUEL											
TAMPA F	_ 33610			CIT	Y-ST-ZIP							
	6. Name  Consideration on the state of Busin  G. Name  Consideration on the state of Busin  G. Name  Consideration on the state of Busin  Consideration on the	Country  6. Name and Address of Current  NIEL  MA ST  L 33603  named entity submits this statement frons of registered agent.  Signature, typed or printed name of registered agent  OFFICERS AND D  PT  DEAN, DANIEL  919 E EMMA STREET  TAMPA FL 33603  PDD  ANDERSON, RON  8206 NATCHEZ STREET  TAMPA FL 33637  TEC  DEAN, SUZETTE  919 E EMMA STREET  TAMPA FL 33603  D  REAGOR, AVE  4111 E. OKARA RD.  TAMPA FL 33617  D  DEAN, PAUL  3475 NW 180 ST.  MIAMI FL 33510	ace of Business  ace of Business  3. Main street.  Country Zigner.  Countr	ace of Business  ace of Business  3. Mailing Address 4, etc.  City & State  Country  Zip  6. Name and Address of Current Registered Agent  NIEL  IMA ST  3. Signature, Apt. #, etc.  City & State  Country  Zip  6. Name and Address of Current Registered Agent  NIEL  IMA ST  33603  Anamed entity submits this statement for the purpose of changing its ons of registered agent.  (NOT)  FILE NOW: FEE IS \$61.25  PT  DEAN, DANIEL  99. Election Car  Trust Fund Co  OFFICERS AND DIRECTORS  PT  DEAN, DANIEL  919 E EMMA STREET  TAMPA FL 33603  PDD  ANDERSON, RON  8206 NATCHEZ STREET  TAMPA FL 33637  TEC  DEAN, SUZETTE  919 E EMMA STREET  TAMPA FL 33603  D  REAGOR, AVE  4111 E. OKARA RD.  TAMPA FL 33617  D  DEJETE  DEJETE  GRANDBERRY, EMANUEL  1904 E. EMMA ST.  D DEJETE  DEJET  DEJETE  DEJET  DEJET	ace of Business  3. Mailing Address 4, etc.  Suite, Apt. #, etc.  Country  Zip  Country  Zip  Co  6. Name and Address of Current Registered Agent  NIEL MA ST  L 33603  Anamed entity submits this statement for the purpose of changing its register ons of registered agent and title if applicable.  (NOTE: Registered ons of registered agent and title if applicable.  FILE NOW: FEE IS \$61.25  9. Election Campaign Trust Fund Contribut  OFFICERS AND DIRECTORS  11.  PT  DEAN, DANIEL 919 E EMMA STREET TAMPA FL 33603  PDD  ANDERSON, RON 8206 NATCHEZ STREET TAMPA FL 33637  TEC  DEAN, SUZETTE 919 E EMMA STREET TAMPA FL 33603  D  REAGOR, AVE 4111 E. OKARA RD. TAMPA FL 33617  D  DEAN, PAUL 3475 NW 180 ST. MIAMI FL 33510  D  GRANDBERRY, EMANUEL 1904 E. EMMA ST. STI  MANUEL 1904 E. EMMA ST.	ace of Business  3. Mailing Address 4, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Amme and Address of Current Registered Agent  Name  NIEL  MA ST  33603  City  Street Agent  Name  Street Agent agent  Name  Street Agent agent  City  Pille Now: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  OFFICERS AND DIRECTORS  11.  PT  DEAN, DANIEL  919 E EMMA STREET  TAMPA FL 33603  PDD  Delete  NAME  SIRET ADDRESS  CITY-ST-ZIP  TTC  DEAN, SUZETTE  919 E EMMA STREET  TAMPA FL 33603  D  REAGOR, AVE  4111 E. OKARA RD.  TAMPA FL 33617  D  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TAMPA FL 33617  D  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TAMPA FL 33617  D  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP  TAMPA FL 33617  D  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS  S	ace of Business  3. Mailing Address 4. etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Street Address of Current Registered Agent  Name  NIEL  MAS ST  38803  City  Paramed entity submits this statement for the purpose of changing its registered office or registerons of registered agent.  NOTE: Registered Agent segment and title if applicable.  (NOTE: Registered Agent segment require in the purpose of changing its registered office or registerons of registered agent.  Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  P. Election Campaign Financing Trust Fund Contribution.  OFFICERS AND DIRECTORS  11.  PT  DEAN, DANIEL  919 E EMMA STREET  TAMPA FL 33603  PDD  ANDERSON, RON  ANDERSON, RON  ANDERSON, RON  ANDERSON, RON  ANDERSON, RON  ANDERSON, RON  B208 NATCHEZ STREET  TAMPA FL 33637  TEC  DEAN, SUZETTE  919 E EMMA STREET  TAMPA FL 33603  D Belete  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TAMPA FL 33617  D Delete  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TO  DEAN, PAUL  3475 NW 180 ST.  MIAMI FL 33510  D Delete  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TO  Delete  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TO  Delete  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TO  DELETE TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TO  DELETE TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TO  DELETE TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TO  DELETE TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TO  DELETE TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TO  DELETE TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TO  DELETE ADDRESS	ace of Business  3. Mailing Address 4. FEI Number 58 City & State Country Zip Country Zip Country Zip Country Street Address of Street Address of Current Registered Agent Name NiRL MA ST L 33603 City Street Address (P.O. Box Number is It It MA ST L 33603 City Street Address (P.O. Box Number is It Street Address (P.O. Box Number is It It MA ST L 33603 City Street Address (P.O. Box Number is It It MA ST EXAMPA FL 3861.25  Defelde TITLE NAME STREET ADDRESS CITY ST-ZIP TAMPA FL 33803 D Defelde TITLE NAME STREET ADDRESS CITY ST-ZIP THE NAME STRE	ace of Business  3. Mailing Address F. etc.  City & State  4. FEI Number 59-3564508  Country  5. Certificate of Status Desired  6. Name and Address of Current Registered Agent  Name  Nam	ace of Business 3. Mailing Address 4. Fell Number 59-3564506 6. Name and Address of Current Registered Agent Country Zip Country 5. Certificate of Status Desired  6. Name and Address of Current Registered Agent NINEL MA ST 1. 33603  City FL  City	TABLE NOW: FEE IS \$61.25  Defectors and Directors  Direct Address  Direct Address  Defectors  D	

12. I hereby certify that the information supplied with this filling does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

U<u>rf req</u>uired