

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **761210** (4)
1. Corporation Name
FORUM OF MANY TRUTHS, INCORPORATED

Principal Place of Business 5836 54TH AVE NW KENNETH CITY FL 33709	Mailing Address 6749 DARTMOUTH AVE SUITE 1 & 2 ST PETE FL 33710-7645 US
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2. Principal Place of Business 21 3035 5TH Ave N.		2a. Mailing Address 26		3. Date Incorporated or Qualified 12/23/1981	3a. Date of Last Report 04/15/1996
Suite, Apt. #, etc. 22 ST PETERSBURG FL		Suite, Apt. #, etc. 27		4. FEI Number 59-2181182	Applied For Not Applicable
City & State 23 33713		City & State 28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 25 PINEHILLS		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25 PINEHILLS		Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BITTLER, REV. ROSE MARIE 6749 DARTMOUTH AVE. N. ST. PETERSBURG FL 33710				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BITTLER, ROSE MARIE			1.2 NAME			
STREET ADDRESS	6749 DARTMOUTH AVE. NORTH			1.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL			1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	ST	<input type="checkbox"/> DELETE		2.1 TITLE			
NAME	FISCHER, VIOLA M.			2.2 NAME			
STREET ADDRESS	332 89TH AVE. NE			2.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WRIGHT, ELEANOR			3.2 NAME			
STREET ADDRESS	800 70TH ST. N # 203			3.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLER, PATRICIA			4.2 NAME			
STREET ADDRESS	6810 STONES THROW CIR N #13103			4.3 STREET ADDRESS			
CITY-ST-ZIP	ST PETE FL 33710			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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:

SIGNATURE: *Rose Marie Bittler* 4-2-97

CR2E037 (9/96)