

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 830009

FILED
Jan 10, 2005
Secretary of State

Entity Name: GOSPEL TRUTHS, INC.

Current Principal Place of Business:

PO BOX 50398
TICE, FL 33994

New Principal Place of Business:

Current Mailing Address:

PO BOX 50398
TICE, FL 33994

New Mailing Address:

FEI Number: 58-1177809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORTON, CAROLYN A
11480 BAYSHORE RD.
N. FT. MYERS, FL 33917 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: P () Delete
Name: MORTON, CAROLYN A
Address: 11480 BAYSHORE RD.
City-St-Zip: N. FORT MYERS, FL

Title: S () Delete
Name: KING, KINGSLEY D
Address: 113 W. RUTHERFORD DR.
City-St-Zip: NEWARK, DE 197132026

Title: T () Delete
Name: MORAN, MELODY J
Address: 241 CHEYENNE DRIVE
City-St-Zip: BEAR, DE

Title: T () Delete
Name: MUMMERT, FRED
Address: BOX 218, BLACK ROCK RD.
City-St-Zip: HANOVER, PA

Title: T () Delete
Name: DERSTEIN, HARVEY K
Address: RR 1
City-St-Zip: FORD, KS

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: () 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: CAROLYN A. MORTON

P

01/10/2005

Electronic Signature of Signing Officer or Director

Date