2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005
Secretary of State

DOCUMENT# N04000010557

Entity Name: BASIC TRUTH MINISTRIES, INC.

Current Principal Place of Business:

2369 PARKSTREAM AVE
CLEARWATER, FL 337591126

New Principal Place of Business:

Current Mailing Address:

2369 PARKSTREAM AVE
CLEARWATER, FL 337591126

New Mailing Address:

FEI Number: 20-1963286 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCMANUS, THERESA
2369 PARKSTREAM AVE
CLEARWATER, FL 337591126 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: D ( ) Delete
Name: MCMANUS, THERESA
Address: 2369 PARKSTREAM AVE
City-St-Zip: CLEARWATER, FL 337591126

Title: D ( ) Delete
Name: WILLIAMS, ARNOLD
Address: 3441 GARFIELD DR
City-St-Zip: HOLIDAY, FL 346911126

Title: D ( ) Delete
Name: HICKOX, KIM
Address: 512 CEDAR BEND CIRCLE #203
City-St-Zip: ORLANDO, FL 32825

Title: D ( ) Delete
Name: SHENDORF, JACKIE
Address: 2550 STATE ROAD 580 #233
City-St-Zip: CLEARWATER, FL 33759

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:

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: THERESA MCMANUS D 04/05/2005

Electronic Signature of Signing Officer or Director — Date