

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010557

FILED
Feb 21, 2007
Secretary of State

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:

P.O. BOX 14036
CLEARWATER, FL 337664036

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: TALLEY, VENNIE
Address: 15556 VERONA AVE SUITE B
City-St-Zip: CLEARWATER, FL 33760

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 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: THERESA MCMANUS

D

02/21/2007

Electronic Signature of Signing Officer or Director

Date