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Mar 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N23563 (2)

REVEAL AND UPLIFT TRUTH OF HISTORY, INC.



Principal Place of Business: 1570 N.E. 142ND ST. N. MIAMI FL 33161  
Mailing Address: 1570 N.E. 142ND ST. N MIAMI FL 33161-3015

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified: 11/19/1987  
3a. Date of Last Report: 06/24/1996  
4. FEI Number: 65-0053861  
5. Certificate of Status Desired: [X] \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: [ ] \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [ ] Yes [X] No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILSON-EL, DENISE M.  
1570 NE 142ND  
N. MIAMI FL 33161

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 further do, voluntarily, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS: [ ] DELETE  
TITLE: PTD  
NAME: WILSON-EL, DENISE M.  
STREET ADDRESS: 1570 N.E. 142ND ST.  
CITY-ST-ZIP: N. MIAMI FL 33161  
TITLE: VPD  
NAME: FORCHION, GUY W.  
STREET ADDRESS: 160 N W 101ST ST  
CITY-ST-ZIP: MIAMI SHORES FL  
TITLE: D  
NAME: WILSON-EL, HARRY B.  
STREET ADDRESS: 1570 N.W. 142ND ST.  
CITY-ST-ZIP: N. MIAMI FL 33161  
TITLE: SD  
NAME: LEON, VASHTYE D.  
STREET ADDRESS: 865 N.E. 129TH ST.  
CITY-ST-ZIP: N. MIAMI FL 33161  
TITLE: D  
NAME: PITTS VIRGINIA  
STREET ADDRESS: P.O. BOX 811226 N/A  
CITY-ST-ZIP: BOCA RATON FL 33481-1226  
TITLE: D  
NAME: CLEARE MAXINE  
STREET ADDRESS: 2791 N W 194TH TERR  
CITY-ST-ZIP: MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: [ ] Change [ ] Addition  
1.1 TITLE [ ] Change [ ] Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE [ ] Change [X] Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP: MIAMI SHORES, FL. 33150  
3.1 TITLE [ ] Change [ ] Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE [ ] Change [ ] Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE [ ] Change [ ] Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE [ ] Change [X] Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP: MIAMI, FL. 33056

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: Denise M. Wilson-El DENISE M. WILSON-EL Feb. 28, 1997

CR2E037 (9/96)