

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N23563 (2)
 1. Corporation Name
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
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3. Date Incorporated or Qualified
11/19/1987

4. FEI Number
65-0053861

Applied For
 Not Applicable

21. Principal Place of Business Suite, Apt. #, etc.	26. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

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

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON-EL, DENISE M.	1.2 NAME	
STREET ADDRESS	1570 N.E. 142ND ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL 33161	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORCHION, GUY W.	2.2 NAME	
STREET ADDRESS	180 N W 101ST ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON-EL, HARRY B.	3.2 NAME	
STREET ADDRESS	1570 N.W. 142ND ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL 33161	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEON, VASHTYE D.	4.2 NAME	
STREET ADDRESS	865 N.E. 129TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL 33161	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITTS VIRGINIA	5.2 NAME	
STREET ADDRESS	P.O. BOX 811226 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33481-1226	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEARE MAXINE	6.2 NAME	
STREET ADDRESS	2791 N W 194TH TERR	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. I 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 6-11-1998 (305)899-1483

CR2E037 (10/97)