


FILE NOW: FILING FEE IS \$61.25

FILED
May 09 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 # N93000001526 (3) 1. Corporation Name PRESENT TRUTH MINISTRIES INCORPORATION					
Principal Place of Business 2955 HOBBS PLACE TITUSVILLE FL		Mailing Address 2955 HOBBS PLACE TITUSVILLE FL 32796-1959			
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 04/06/1993	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		3a. Date of Last Report 02/01/1996	
City & State 23		City & State 28		4. FEI Number 59-3247958	
Zip 24		Country 25		Applied For Not Applicable	
Country 29		Country 30		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent GRAHAM, SAMMY JR. 2955 HOBBS PLACE TITUSVILLE FL		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D GRAHAM, RUBY <input type="checkbox"/> DELETE				
NAME	2955 HOBBS PL				
STREET ADDRESS	TITUSVILLE FL				
CITY-ST-ZIP					
TITLE	V GRAHAM, SAMMY J R. <input type="checkbox"/> DELETE				
NAME	2955 HOBBS PLACE				
STREET ADDRESS	TITUSVILLE FL				
CITY-ST-ZIP					
TITLE	S JOHNSON, AUDREY <input type="checkbox"/> DELETE				
NAME	2910 ST. MARK'S DRIVE				
STREET ADDRESS	TITUSVILLE FL				
CITY-ST-ZIP					
TITLE	T WILLIAMS, LAWANDA <input type="checkbox"/> DELETE				
NAME	3340 BARBARA LANE				
STREET ADDRESS	TITUSVILLE FL				
CITY-ST-ZIP					
TITLE	D GRAHAM, THEODORE <input type="checkbox"/> DELETE				
NAME	2935 BEALE STREET				
STREET ADDRESS	TITUSVILLE FL				
CITY-ST-ZIP					
TITLE	D WILLIAMS, RONALD SR. <input type="checkbox"/> DELETE				
NAME	3340 BARBARA LANE				
STREET ADDRESS	TITUSVILLE FL				
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

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: _____

4-70-97

CR2E037 (9/96)