


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

	NONPROFIT CORPORATION ANNUAL REPORT 1996	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000003166 (6)**

1. Corporation Name

FREEDOM IN TRUTH FOUNDATION, INC.



Principal Place of Business 140 BIMINI DRIVE DUCK KEY FL 33050	Mailing Address 140 BIMINI DRIVE DUCK KEY FL 33050
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3. Date Incorporated or Qualified 07/09/1993	3a. Date of Last Report 04/13/1995
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2. Principal Place of Business 21 C/O BV & Co	2a. Mailing Address 26 1390 NE 162nd ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State NORTH MIAMI BEACH FLA
23 Zip 33162	28 Country USA

4. FEI Number 65-0458310	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WILLIAMS, A G JR. 140 BIMINI DRIVE DUCK KEY FL 33050	
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10. Name and Address of New Registered Agent	
81 Name SAME	
82 Street Address (P.O. Box Number is Not Acceptable) 1390 NE 162nd ST	
83 City N. MIAMI BEACH	85 Zip Code FL 33162

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 *A G Williams Jr* DATE **6/21/96**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> DELETE
NAME WILLIAMS, A G JR.	
STREET ADDRESS 140 BIMINI DRIVE	
CITY-ST-ZIP DUCK KEY FL 33050	
TITLE D	<input type="checkbox"/> DELETE
NAME WILLIAMS, STELLA B	
STREET ADDRESS 140 BIMINI DRIVE	
CITY-ST-ZIP DUCK KEY FL 33050	
TITLE D	<input type="checkbox"/> DELETE
NAME WILLIAMS, A.G. I	
STREET ADDRESS 2559 DEVON ST.	
CITY-ST-ZIP MAINSVILLE OH	
TITLE D	<input type="checkbox"/> DELETE
NAME WILLIAMS, JASON B	
STREET ADDRESS 4801 APPALOOSA TRAIL	
CITY-ST-ZIP MASON OH 45177	
TITLE D	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME AG WILLIAMS JR	
1.3 STREET ADDRESS C/O BV & CO 1390 NE 162nd ST	
1.4 CITY-ST-ZIP N. MIAMI BEACH FL 33162	
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME SAME AS ABOVE	
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 200001902532	
6.3 STREET ADDRESS -07/23/96--01136--018	
6.4 CITY-ST-ZIP ***61.25	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *A G Williams Jr* DATE **6/21/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)