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NONPROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #Corporation Name N94000004927 (9)

FILED Jun 25 1998 8:00am Secretary of State

INE P	ILLAH GROUND OF	TRUTH MINISTRIES, INC	C.												
Principal Plac	e of Business	Mailing Address					1 10011101		II VVIII VS	CLI MALIE		III BIBIB		1811 1881 1881	
1135 NW 54TH MIAMI FL 3314 US		12621 N.W. 22ND 9 MIAMI FL 33167	12621 N.W. 22ND CT. MIAMI FL 33167			3. Date Incorporated or Qualified 10/06/1994								_	
						•	FEI Numbe					-		plied For at Applicable	_
2. Principal P	Place of Business	2a. Mailing Addre	ess			5.	Certificate	49173 of Status I	Desired	[75 /	Additional equired	_
Suite, Apt. #, etc.		27				6.	6. Election Campaign Financing \$5.00 May Be Added to Fees							May Be	
City & Stat	е	City & State				7.	ls this nonp	rofit corp	oration a	_	_	_	ciation	ነ?	
Zip	Country	28 Zip	Col	untry		9	This corner	atian aa		ا 🗀		☐ No	- I-4		_
24	25	29	30			0,	This corpor Personal Pr					rentye ∐Yes		angible No	
	9. Name and Address	of Current Registered Agent				10.	Name and					Agent		_	_
				81	Name										
	CLEMMIE			82	Street Ad	ddress (P	O. Box Nur	nber is No	t Accep	table)			-		-
	I.W. 22ND CT.			83											_
MIAM! F	L 3316/														
				84	City						FL	85	Zip (Code	
office or r agent. I a	regi ste red agent, or beth, in im fam iliar with, and accept	is 617.0502 and 617.1508, Florid in the State of Florida. Such chang t the obligations of, Section 617.0	ge was authorize 0503, Florida Sta	ed by liutes.	the corpo	ration's b	poard of dire	ctors. I he	reby ac	cept ti	he app	ointme	ing it nt as	s registered registered	,
SIGNATURE .	Signature, typed or conted name of a	registered ageut and title if applicable										a.			
SIGNATURE .		registered agent and liftle if applicable	(NOTE Registere			equired when					DATE	a.			
	OFFI PD	·	(NOTE Registere	ed Agen		equired when	reinstating)				DATE	a.	CTOR		-
12. TITLE NAME	PD HOWZE, CLEMMIE	ICERS AND DIRECTORS	(NOTE Registere 13.	ed Agen		equired when	reinstating)				DATE	DIREC	CTOR	S IN 12	-
12. TITLE NAME STREET ADDRESS	PD HOWZE, CLEMMIE 12621 N.W. 22ND CT	ICERS AND DIRECTORS	(NOTE Registere 13. LEFE 1.1 T 1.2 N 1.3 S	od Agen ITLE IAME STREET A	nt signature re	equired when	reinstating)				DATE	DIREC	CTOR	S IN 12	-
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CITY-ST-ZIP

14. Thereby 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 suppliemental 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.

Owze