


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000001164 (0)

1. Corporation Name

GOSPEL TRUTH MINISTRIES INC.



Principal Place of Business	Mailing Address
640 NW 49TH ST MIAMI FL 33127	640 NW 49TH ST MIAMI FL 33127

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/29/1996	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address
21 4316 NW 7AVE Suite, Apt. #, etc.	26 640 NW 49ST Suite, Apt. #, etc.
22 City & State 23 MIAMI FL	27 City & State 28 MIAMI FL
24 Zip 33127 Country DADE	29 Zip 33127 Country DADE

4. FEI Number 65-0687912	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
WOODSIDE, ELEANOR L 640 NW 49TH ST MIAMI FL 33127	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	BERNARD WOODSIDE
STREET ADDRESS		1.3 STREET ADDRESS	640 NW 49 ST MIAMI FL 33127
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VICE-PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	ELEANOR WOODSIDE
STREET ADDRESS		2.3 STREET ADDRESS	640 NW 49 ST MIAMI FL 33127
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	AMMIE MORLEY
STREET ADDRESS		3.3 STREET ADDRESS	20832 NW 23 RD. CT MIAMI FL 33056
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	SECRETARY <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	BARBARA DEAN
STREET ADDRESS		4.3 STREET ADDRESS	558 NW 34 ST MIAMI FL 33127
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	TRUSTEE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	ELOISE RAMIREZ
STREET ADDRESS		5.3 STREET ADDRESS	6234 SW 139 CT KENDALL FL
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	TRUSTEE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	QUEEN LACEY
STREET ADDRESS		6.3 STREET ADDRESS	8951 NE 8 AVE MIAMI FL
CITY-ST-ZIP		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 REQUIRED

8/4/97 (m) 7541-7341

CP2E037 (4/97)