FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600003819 (5)

TRUTH CHRISTIAN MUSIC & BOOKS, INC.

Pri	ociba	a) P	lace	01	Business
		^=			

FILED May 13 1997 8:00am Secretary of State



r incipari iso	0 0 000	waiing Address			
700 U.S. 27 NO SEBRING FL 30		700 U.S. 27 NORTH SEBRING FL 33870-2158			
				3. Date Incorporated or Qualified 01/11/1996	3a. Date of Last Report
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 40	111527 10	26 901 US	a7N	45-0640	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.	24	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	le Cl	City & State	. سے	6. Election Campaign Financing	\$5.00 May Be
23 Sex	seina, th	28 Sebrin	a, 1-L	Trust Fund Contribution	Added to Fees
24 G 38	70 25 USA		Country 30 USA		lYes □ No
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Reg	Istered Agent
	ES, CLIFFORD M III		81 Namo		
	COMMERCE AVENUE		82 Street Add	ress (P.O. Box Number is Not Acceptable	e)
SEB	RING FL 33870		83		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607,1508, Florida Statutes	s, the above-named con	poration submits this statement for the pu	
office or r	registered agent, or both, in the State of am familiar with, and accept the obliga	of Florida, Such change was au	ithorized by the corpora	poration submits this statement for the pution's board of directors. I hereby accep	the appointment as registered
SIGNATURE	tun de	100 (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	ioo cimaloo.		
	Signature, typed or printed name of registered ager		Registered Agent's gnature requ		DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	D D DOCEDU A	DELE 1E	11 BILF		Change Addition
NAME	LEWIS, JOSEPH A 104 MINI RANCH ROAD		1.2 NAME		
STREET ADDRESS	SEBRING FL 33870		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	OLDINIA 1 E 00070	DELETE	1.4 CHY-S1-ZIP 2 1 THLE		Change Addition
NAME			2 2 NAME		C Ollarige E 1000/10/1
STREET ADDRESS	}		2 3 STREET ADDRESS		
CITY-ST-ZIP			2 4 City-St-ZIP		
TITLE		DELFTE	31 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		T necesse	4.4 City - St - zip		Channa Additi-
CITY-ST-ZIP TITLE		DELETE	4.4 C(TY+ST+ZIP 5.1 TITLE		Change Addition
CITY-ST-ZIP TITLE NAME		DELETE	4.4 City - ST - zip 5.1 Title 5.2 NAME		Change Addilion
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	4.4 CHY-ST-ZIP 5.1 THLE 5.2 NAME 5.3 STHEET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME		☐ DELETE	4.4 City - ST - zip 5.1 Title 5.2 NAME		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.4 City - St - ZIP 5.1 TITLE 5.2 NAME 5.3 STHEET ADDRESS 5.4 CITY - St - ZIP 6.1 TITLE		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			4.4 City - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 City - ST - ZIP 6.1 TITLE 6.2 NAME		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			4.4 City - St - ZIP 5.1 TITLE 5.2 NAME 5.3 STHEET ADDRESS 5.4 CITY - St - ZIP 6.1 TITLE		

or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name