

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 29, 2005
Secretary of State**

DOCUMENT# N00000006081

Entity Name: SPEAK THE TRUTH MINISTRIES, INC.

Current Principal Place of Business:

100 E. PINE STREET
SUITE 208
ORLANDO, FL 32765

New Principal Place of Business:

100 E. PINE STREET
SUITE 208
ORLANDO, FL 32801

Current Mailing Address:

100 E. PINE STREET
SUITE 208
ORLANDO, FL 32765

New Mailing Address:

100 E. PINE STREET
SUITE 208
ORLANDO, FL 32801

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BUTLER, SAMUEL SR
100 E. PINE STREET
SUITE 208
ORLANDO, FL 32765 US

Name and Address of New Registered Agent:

BUTLER, SAMUEL SR
100 E. PINE STREET
SUITE 208
ORLANDO, FL 32801 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ Date: 06/29/2005
Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BUTLER, SAMUEL
Address: 100 E. PINE STREET #208
City-St-Zip: ORLANDO, FL 32801

Title: TD () Delete
Name: WILLIAMS, JOHN L
Address: 100 E. PINE STREET #208
City-St-Zip: ORLANDO, FL 32801

Title: SD () Delete
Name: BUTLER, DENICE
Address: 100 E. PINE STREET #208
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL BUTLER PD Date: 06/29/2005
Electronic Signature of Signing Officer or Director