

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Mar 01, 2007
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 32801

New Principal Place of Business:

5800 S. SEMORAN BLVD
ORLANDO, FL 32822

Current Mailing Address:

100 E. PINE STREET
SUITE 208
ORLANDO, FL 32801

New Mailing Address:

5800 S. SEMORAN BLVD
ORLANDO, FL 32822

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 32801 US

Name and Address of New Registered Agent:

BUTLER, SAMUEL SR
5800 S. SEMORAN BLVD
ORLANDO, FL 32822 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: SAMUEL BUTLER, SR.

03/01/2007

Electronic Signature of Registered Agent

Date

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: PD (X) Change () Addition
Name: BUTLER, SAMUEL
Address: 5800 S. SEMORAN BLVD
City-St-Zip: ORLANDO, FL 32822

Title: TD (X) Change () Addition
Name: WILLIAMS, JOHN L
Address: 5800 S. SEMORAN BLVD
City-St-Zip: ORLANDO, FL 32822

Title: SD (X) Change () Addition
Name: BUTLER, DENICE
Address: 5800 S. SEMORAN BLVD
City-St-Zip: ORLANDO, FL 32822

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

03/01/2007

Electronic Signature of Signing Officer or Director

Date