

# 2002 UNIFORM BUSINESS REPORT (UBR)

0004517

DOCUMENT # **N00000006081**

1. Entity Name

**SPEAK THE TRUTH MINISTRIES, INC.**

FILED

03 FEB -3 PM 3:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT** (DO NOT WRITE IN THIS SPACE)

Principal Place of Business

Mailing Address

~~1221 W COLONIAL DR. SUITE 100  
ORLANDO FL 32805~~

1221 W COLONIAL DR. SUITE 100  
ORLANDO FL 32805

2. Principal Place of Business

3. Mailing Address

100 E. Pine street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 208

City & State

City & State

Orlando, Fla

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

32165

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~ADAMS, TIM~~ Butler Samuel Sr.  
1221 W COLONIAL DR, SUITE 100 100 E. Pine Street #208  
ORLANDO FL 32805 Orlando, Fla 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Samuel W. Butler*

600008761306

11/01/02--01087--001 \*\*236.25

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002, min. will be \$236.25.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  Delete  
NAME BUTLER, SAMUEL  
STREET ADDRESS 1221 W COLONIAL DR, SUITE 100  
CITY-ST-ZIP ORLANDO FL 32805

TITLE  Change  Addition  
NAME 100 E Pine Street #208  
STREET ADDRESS Orlando FL 32801  
CITY-ST-ZIP

TITLE TD  Delete  
NAME WILLIAMS, JOHN L  
STREET ADDRESS 1221 W COLONIAL DR, SUITE 100  
CITY-ST-ZIP ORLANDO FL 32805

TITLE  Change  Addition  
NAME 100 E Pine Street #208  
STREET ADDRESS Orlando, Fla 32801  
CITY-ST-ZIP

TITLE ~~SD~~  Delete  
NAME ~~ADAMS, TIM~~ Butler, Denise  
STREET ADDRESS 1221 W COLONIAL DR, SUITE 100  
CITY-ST-ZIP ORLANDO FL 32805

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD  Delete  
NAME BUTLER, Denise  
STREET ADDRESS 100 E. Pine St. Ste 208  
CITY-ST-ZIP Orlando, Fla 32801

TITLE  Change  Addition  
NAME 600008761306  
STREET ADDRESS 01/09/03--01030--008 \*\*61.25  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME 05/01/01 90081  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

*Samuel W. Butler*  
SIGNATURE REQUIRED

10/14/02

CR2E037 (4/02)