

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N24030** (1)

1. Corporation Name

**SPIRIT & TRUTH MINISTRIES CHURCH, INC.**



Principal Place of Business

Mailing Address

%MARLIN SIMON  
PO BOX 904  
ISLAMORADA FL 33036

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PO BOX 904  
ISLAMORADA FL 33036

3. Date Incorporated or Qualified  
**12/21/1987**

3a. Date of Last Report  
**01/26/1995**

21. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

25. Country

28. Zip

30. Country

4. FEI Number  
**65-0019450**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIMON, MARLIN H.  
243 HIBISCUS STREET  
TAVERNIER FL 33070**

81. Name

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

83.

84. City

**FL**

85. Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME **PD  
SIMON, MARLIN H.**  
STREET ADDRESS **243 HIBISCUS STREET**  
CITY - ST - ZIP **TAVERNIER FL**

1.1 TITLE  Change  Addition  
1.2 NAME **TD  
JEFF HALE**  
1.3 STREET ADDRESS **224 TAVERNIER DR.**  
1.4 CITY - ST - ZIP **TAVERNIER, FL. 33070**

TITLE  DELETE  
NAME **STD  
SIMON, MARIAN R.**  
STREET ADDRESS **243 HIBISCUS STREET**  
CITY - ST - ZIP **TAVERNIER FL**

2.1 TITLE  Change  Addition  
2.2 NAME **SD  
SIMON, MARIAN R.**  
2.3 STREET ADDRESS **243 HIBISCUS STREET**  
2.4 CITY - ST - ZIP **TAVERNIER, FL. 33070**

TITLE  DELETE  
NAME **VD  
HERRICK, RICHARD**  
STREET ADDRESS **RT 1, BOX 38A**  
CITY - ST - ZIP **KEY LARGO FL**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Marlin H. Simon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARLIN H. SIMON** 1/27/96 305-852-4392  
Date Daytime Phone #

CR2E037 (12/95)