

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90056 050 ****61.25

0034297

DOCUMENT # N24030

1. Entity Name

SPIRIT & TRUTH MINISTRIES CHURCH, INC.

Principal Place of Business

Mailing Address

%MARLIN SIMON
 PO BOX 904
 ISLAMORADA FL 33036

%MARLIN SIMON
 PO BOX 904
 ISLAMORADA FL 33036

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0019450

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMON, MARLIN H.
243 HIBISCUS STREET
TAVERNIER FL 33070

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

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	<input type="checkbox"/> Delete
NAME	SIMON, MARLIN H.	
STREET ADDRESS	243 HIBISCUS STREET	
CITY-ST-ZIP	TAVERNIER FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SIMON, MARIAN R.	
STREET ADDRESS	243 HIBISCUS STREET	
CITY-ST-ZIP	TAVERNIER FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HERRICK, RICHARD	
STREET ADDRESS	RT 1, BOX 38A	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HALE, JEFF	
STREET ADDRESS	224 TAVERNIER DR	
CITY-ST-ZIP	TAVERNIER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED MARLIN H. SIMON

1/15/2001 305-852-4392

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)