
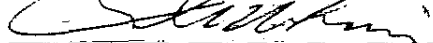


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 20, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N24030</b> 1. Entity Name SPIRIT & TRUTH MINISTRIES CHURCH, INC.			
Principal Place of Business %MARLIN SIMON PO BOX 904 ISLAMORADA FL 33036		Mailing Address %MARLIN SIMON PO BOX 904 ISLAMORADA FL 33036	
2. Principal Place of Business Suite, Apt #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0019450		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  SIMON, MARLIN H. 243 HIBISCUS STREET TAVERNIER FL 33070		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>Make Check Payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	PD SIMON, MARLIN H. 243 HIBISCUS STREET TAVERNIER FL	<input type="checkbox"/> Delete	
TITLE	SD SIMON, MARIAN R. 243 HIBISCUS STREET TAVERNIER FL	<input type="checkbox"/> Delete	
TITLE	VD HERRICK, RICHARD 906 SOUTH STREET KEY WEST FL 33040	<input type="checkbox"/> Delete	
TITLE	TD HALE, JEFF 224 TAVERNIER DR TAVERNIER FL	<input type="checkbox"/> Delete	
TITLE		<input type="checkbox"/> Delete	
TITLE		<input type="checkbox"/> Delete	
TITLE		<input type="checkbox"/> Delete	
TITLE		<input type="checkbox"/> Delete	
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.			
<b>SIGNATURE:</b> 		MARLIN H. SIMON 7/16/05 305-852-4392	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



1st MOORE CR2E037 (10/04)

4. FEI Number 65-0019450 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
 FL Zip Code

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	
PD	SIMON, MARLIN H.	243 HIBISCUS STREET	TAVERNIER FL	<input type="checkbox"/> Delete
SD	SIMON, MARIAN R.	243 HIBISCUS STREET	TAVERNIER FL	<input type="checkbox"/> Delete
VD	HERRICK, RICHARD	906 SOUTH STREET	KEY WEST FL 33040	<input type="checkbox"/> Delete
TD	HALE, JEFF	224 TAVERNIER DR	TAVERNIER FL	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

U00000373710  
07/20/05-80004-014 61.25

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:**  MARLIN H. SIMON 7/16/05 305-852-4392

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #