

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90027 012 \*\*\*\*61.25

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**DOCUMENT # N24030**

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**

**70003184**



CHECK HERE IF MAKING CHANGES

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

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

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
PD	SIMON, MARLIN H.	243 HIBISCUS STREET	TAVERNIER FL	<input type="checkbox"/>	<input type="checkbox"/>
SD	SIMON, MARIAN R.	243 HIBISCUS STREET	TAVERNIER FL	<input type="checkbox"/>	<input type="checkbox"/>
VD	HERRICK, RICHARD	908 SOUTH STREET	KEY WEST FL 33040	<input type="checkbox"/>	<input type="checkbox"/>
TD	HALE, JEFF	224 TAVERNIER DR	TAVERNIER FL	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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* **MARLIN H. SIMON** 1/7/03 305-852-4392

CR2E037 (10/02)