

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000006660

Entity Name: SPIRIT AND TRUTH CHRISTIAN FELLOWSHIP NON-DENOMINATIONAL MINISTRIES, INC.**Current Principal Place of Business:**4390 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327**Current Mailing Address:**63 ANDREW HARGRETT RD
CRAWFORDVILLE, FL 32327**FEI Number: 47-1361375****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JACKSON, SHERRENA
130 SHAR-MEL-RE LANE
CRAWFORDVILLE, FL 32327 US*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:** SHERRENA JACKSON**02/08/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PC
Name	PLUMMER, BERNARD REV
Address	63 ANDREW HARGRETT RD
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	V
Name	PLUMMER, RESHARD
Address	63 ANDREW HARGRETT ROAD
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	S
Name	JACKSON, SHERRENA
Address	130 SHAR-MEL-RE LN
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	T
Name	SIMMONS, LATRICIA
Address	12 MIDWAY CT
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	D
Name	PLUMMER, VERNADINE
Address	63 ANDREW HARGRETT RD
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	D
Name	HORDGES, SAMUEL
Address	7 SLEEP EASY LN
City-State-Zip:	CRAWFORDVILLE FL 32327

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHERRENA JACKSON WHITE**SECRETARY****02/08/2023**

Electronic Signature of Signing Officer/Director Detail

Date