#### 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.

PRESIDENT

#### SIGNATURE: MARLIN H. SIMON

Entity Name: SPIRIT & TRUTH MINISTRIES CHURCH, INC.

## **Current Principal Place of Business:**

%MARLIN SIMON 89655 OVERSEAS HWY TAVERNIER, FL 33070

# **Current Mailing Address:**

%MARLIN SIMON PO BOX 904 ISLAMORADA, FL 33036

### FEI Number: 65-0019450

# Name and Address of Current Registered Agent:

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

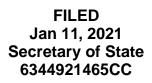
# SIGNATURE:

Electronic Signature of Registered Agent

### **Officer/Director Detail :**

Title	PD	Title	SD
Name	SIMON, MARLIN H.	Name	SIMON, MARIAN R.
Address	243 HIBISCUS STREET	Address	243 HIBISCUS STREET
City-State-Zip:	TAVERNIER FL 33070	City-State-Zip:	TAVERNIER FL 33070
Title	VD	Title	TD
Title Name	VD HERRICK, RICHARD	Title Name	TD OGLE, GREGORY
			. –

Electronic Signature of Signing Officer/Director Detail



Certificate of Status Desired: No

01/11/2021 Date

Date