

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N24030

**Entity Name:** SPIRIT & TRUTH MINISTRIES CHURCH, INC.

**FILED**  
**Jan 09, 2014**  
**Secretary of State**  
**CC4560532219**

**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**

**Certificate of Status Desired: No**

**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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name SIMON, MARLIN H.  
Address 243 HIBISCUS STREET  
City-State-Zip: TAVERNIER FL 33070

Title SD  
Name SIMON, MARIAN R.  
Address 243 HIBISCUS STREET  
City-State-Zip: TAVERNIER FL 33070

Title VD  
Name HERRICK, RICHARD  
Address 242 HIBISCUS ST.  
City-State-Zip: TAVERNIER FL 33070

Title TD  
Name HALE, JEFF  
Address 224 TAVERNIER DR  
City-State-Zip: TAVERNIER FL 33070

*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: MARLIN H. SIMON**

**P/D**

**01/09/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date