

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004147

FILED
Jul 15, 2006
Secretary of State

Entity Name: SPIRIT OF TRUTH WORSHIP MINISTRIES, INC.

Current Principal Place of Business:

1402 W. 16TH STREET
SANFORD, FL 32771

New Principal Place of Business:

3580 N. HWY 17-92
LAKE MARY, FL 32746

Current Mailing Address:

1125 1ST DRIVE
SANFORD, FL 32771

New Mailing Address:

FEI Number: 59-3647386 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SHARP, RICO C SR
1125 1ST DRIVE
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHARP, RICO C SR
Address: 1125 1ST DRIVE
City-St-Zip: SANFORD, FL 32771

Title: TD () Delete
Name: WRIGHT, SHIRLEY
Address: 1141 1ST DRIVE
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: SHARP, DANA L
Address: 1125 1ST DRIVE
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: HOLLOWAY, CLAUDIA
Address: 503 E 7TH STREET
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RICO SHARP

PD

07/15/2006

Electronic Signature of Signing Officer or Director

Date