

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005621

1. Entity Name

SPIRIT AND TRUTH MINISTRY OF WORSHIP, INC.

Principal Place of Business

1811 SOUTH OAK STREET  
SEFFNER FL 33584

Mailing Address

1811 SOUTH OAK STREET  
SEFFNER FL 33584

2. Principal Place of Business

3. Mailing Address

P.O. Box 6646

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Seffner, FL

Zip

Country

Zip

Country

33583

Hillsborough

6. Name and Address of Current Registered Agent

WILSON, DORIS  
1811 SOUTH OAK STREET  
SEFFNER FL 33584

7. Name and Address of New Registered Agent

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.

SIGNATURE Doris Wilson

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  
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME  
WILSON, DORIS  
STREET ADDRESS  
1811 SOUTH OAK STREET  
CITY-ST-ZIP  
SEFFNER FL 33584

TITLE ☐ Delete

NAME  
WILSON, DORIS  
STREET ADDRESS  
1811 SOUTH OAK STREET  
CITY-ST-ZIP  
SEFFNER FL 33584

TITLE ☐ Delete

NAME  
WILSON, DARNELL  
STREET ADDRESS  
1812 SOUTH OAK STREET  
CITY-ST-ZIP  
SEFFNER FL 33584

TITLE ☐ Delete

NAME  
JONES, TERRY  
STREET ADDRESS  
1725 HAPPY ACRES LANE  
CITY-ST-ZIP  
VALRICO FL 33594

TITLE ☐ Delete

NAME  
HOENIG, CHUCK  
STREET ADDRESS  
402 BAYFIELD DRIVE  
CITY-ST-ZIP  
BRANDON FL 33511

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Doris Wilson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Apr 10, 2001 8:00 am  
Secretary of State

04-10-2001 90139 006 \*\*\*\*70.00

00033745



DO NOT WRITE IN THIS SPACE

4. FEI Number ☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

CR2E037 (10/00)

4/15/2001 651-9204  
Date Daytime Phone #