

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
 05-09-2002 90051 040 ****61.25

DOCUMENT # N00000005908

1. Entity Name

SPIRIT OF TRUTH INTERNATIONAL MINISTRIES, INC.

Principal Place of Business

Mailing Address

8921 N. FLORIDA AVE.
 SUITE A
 TAMPA FL 33604
 US

8921 N. FLORIDA AVE.
 SUITE A
 TAMPA FL 33604
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3666782

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONEY, ERNEST M
7105 N. WHITTIER ST.
TAMPA FL 33617

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **CONEY, ERNEST M**
 CITY-ST-ZIP **7105 N. WHITTIER ST.**
TAMPA FL 33617

TITLE ☐ Change ☒ Addition
 NAME **DAVID P. JONES**
 STREET ADDRESS **1205 E. LINEBAUGH**
 CITY-ST-ZIP **TAMPA, FL. 33612**

TITLE ☐ Delete
 NAME **DS**
 STREET ADDRESS **POTTS, LYDIA**
 CITY-ST-ZIP **4920 S. 84TH ST**
TAMPA FL 33619

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **EUGENIA JONES**
 CITY-ST-ZIP **1205 E LINEBAUGH**
TAMPA, FLORIDA 33612

TITLE ☒ Delete
 NAME **DT**
 STREET ADDRESS **WILLIAMS, TERRELL**
 CITY-ST-ZIP **1422 E. IDLEWILD AVE.**
TAMPA FL 33610

TITLE ☒ Change ☒ Addition
 NAME **DT**
 STREET ADDRESS **TOMI WATTS**
 CITY-ST-ZIP **2212 N. MORGAN ST.**
TAMPA, FLORIDA 33602

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **YOUNGBLOOD, CLEMENT**
 CITY-ST-ZIP **4108 W. LAUREL ST.**
TAMPA FL 33607

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **CHLOE CONEY**
 CITY-ST-ZIP **7105 N. WHITTIER ST**
TAMPA, FLORIDA 33617

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **JONES, DAVID A**
 CITY-ST-ZIP **6124 WEATHERWOOD CIR.**
WESLEY CHAPEL FL 33544

TITLE ☒ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **RONALD BRADFORD**
 CITY-ST-ZIP **3705 LAMBRIGHT STREET**
TAMPA, FLORIDA 33610

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **ERNEST CONEY, JR**
 CITY-ST-ZIP **1516 32ND AVE**
TAMPA, FLORIDA 33610

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:

ERNEST M. CONEY

4/23/02

(813) 936-2424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)