2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 08:00 AM
Secretary of State

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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	7105 N WHITTIER TAMPA, FL 33617 US

03172004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3666782
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000107057
04/08/04-80042-009 122.50

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CONEY, ERNEST M
STREET ADDRESS	7105 N. WHITTIER ST.
CITY-ST-ZIP	TAMPA, FL 33617
TITLE	DS
NAME	POTTS, LYDIA
STREET ADDRESS	4920 S. 84TH ST
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	DT
NAME	WATTS, TONI
STREET ADDRESS	2212 N. MORGAN ST.
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	D
NAME	YOUNGBLOOD, CLEMENT
STREET ADDRESS	4108 W. LAUREL ST.
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	D
NAME	CLARK, WILLIAM
STREET ADDRESS	3606 E HANNA AVE
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	D
NAME	JONES, DAVID
STREET ADDRESS	1205 E LINEBAUGH AVE
CITY-ST-ZIP	TAMPA, FL 33612

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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: E M Coney, Sr. 3/29/04 (813)910-0096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #