

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005908

FILED
Apr 06, 2005
Secretary of State

Entity Name: SPIRIT OF TRUTH INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

806 E 131ST AVE
TAMPA, FL 33612 US

Current Mailing Address:

7105 N WHITTIER
TAMPA, FL 33617 US

New Mailing Address:

FEI Number: 59-3666782 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CONEY, ERNEST M
7105 N. WHITTIER ST.
TAMPA, FL 33617 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: D () Delete
Name: CONEY, ERNEST M
Address: 7105 N. WHITTIER ST.
City-St-Zip: TAMPA, FL 33617

Title: DS () Delete
Name: POTTS, LYDIA
Address: 4920 S. 84TH ST
City-St-Zip: TAMPA, FL 33619

Title: DT () Delete
Name: WATTS, TONI
Address: 2212 N. MORGAN ST.
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: YOUNGBLOOD, CLEMENT
Address: 4108 W. LAUREL ST.
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: CLARK, WILLIAM
Address: 3606 E HANNA AVE
City-St-Zip: TAMPA, FL 33610

Title: D () Delete
Name: JONES, DAVID
Address: 1205 E LINEBAUGH AVE
City-St-Zip: TAMPA, FL 33612

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:

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 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 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: MR ERNEST M CONEY

PAST

04/06/2005

Electronic Signature of Signing Officer or Director

Date