2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N00000005908

Entity Name: SPIRIT OF TRUTH INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

12219 N FLORDIA AVE
TAMPA, FL 33612 US

New Principal Place of Business:

Current Mailing Address:

2303 BANDY DRIVE
SEFFNER, FL 33584 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
2303 BANDY DRIVE
SEFFNER, FL 33584 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:	2303 BANDY DRIVE.	
City-St-Zip:	SEFFNER, FL 33584	
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 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: ERNEST CONEY MR 04/30/2009

Electronic Signature of Signing Officer or Director — Date