## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N0000005908

1. Entity Name

## SPIRIT OF TRUTH INTERNATIONAL MINISTRIES, INC.



## **FILED** Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90154 003 \*\*\*\*70.00



Principal Place of Business Mailing Address 8921 N. FLORIDA AVE. 8921 N. FLORIDA AVE. SLITE A SUITE A TAMPA FL 33604 TAMPA FL 33604 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 59-3666782 Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CONEY, ERNEST M Street Address (P.O. Box Number is Not Acceptable) 7105 N. WHITTIER ST. **TAMPA FL 33617** City 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE 8 Change ☐ Addition CONEY, ERNEST M NAME NAME CR2E037 (10/ STREET ADDRESS 7105 N. WHITTIER ST. STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33617** CITY-ST-ZIP DS TITLE ☐ Delete TITLE ☐ Change Addition POTTS, LYDIA NAME NAME STREET ADDRESS 4920 S. 84TH ST STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33619** CITY-ST-ZIP Delete ☐ Change Addition WATTS, TONI - -NAME NAME STREET ADDRESS 2212 N. MORGAN ST. STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33602** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME YOUNGBLOOD, CLEMENT NAME STREET ADDRESS 4108 W. LAUREL ST. STREET ADDRESS **TAMPA FL 33607** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE DIRECTOR Change Addition NAME CONEY, CHLOE WILLIAM CLARK NAME STREET ADDRESS 7105 N. WHITTIER ST. STREET ADDRESS 3606 E. HANNA AUE CITY-ST-ZIP **TAMPA FL 33617** CITY-ST-ZIP 336/0 TAMPA, FLORIOA M Delete TITLE DIRECTUL Change Change ☐ Addition NAME CONEY, JR., ERNEST NAME DAULD JONES STREET ADDRESS 1516 32ND AVE. STREET ADDRESS 1205 E. GUEBAUGH AVE TAMPA, PLURIOG 33612 CITY-ST-ZIP **TAMPA FL 33610** CITY-ST-7IP

I hereby certify that the information supplied with this filling 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: