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FILED
Jun 10, 2002 8:00 am
Secretary of State
05-21-2002 91165 025 ****61.25

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

DOCUMENT # N00000005972

1. Entity Name
Simple Truth Ministries, Inc.

DO NOT WRITE IN THIS SPACE

92196

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2005 Plumosa Palm Dr	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Niceville, FL	City & State
Zip: 32578 Country: USA	Zip Country

4. FEI Number 41-2038938 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Deborah E. Eller
Street Address (P.O. Box Number Is Not Acceptable): 2005 Plumosa Palm Dr
City: Niceville FL Zip Code: 32578

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

FEE IS $61.25 Initial or Amended UBR

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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President / Director Deborah E. Eller 2005 Plumosa Palm Dr Niceville, FL 32578	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President / Director Gary Mc Bride 109 Alan-A-Dale Niceville-FL-32578	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Treasurer / Director Judy Mikulec 1603-B Nordberg Ave Valparaiso, FL 32580	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Deborah E Eller — 29 April 2002 — 850-883-9753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #