

# 2002 UNIFORM BUSINESS REPORT (UBR)

0004517

DOCUMENT # N00000006081

1. Entity Name

SPEAK THE TRUTH MINISTRIES, INC.

FILED

03 FEB -3 PM 3:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1221 W COLONIAL DR. SUITE 100  
ORLANDO FL 32805

1221 W COLONIAL DR. SUITE 100  
ORLANDO FL 32805

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

100 E. Pine street  
Suite # 208  
Orlando, Fla  
32165  
USA

4. FEI Number NOT APPLICABLE

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~ADAMS, TIM~~ Butler Samuel Sr.  
1221 W COLONIAL DR. SUITE 100 100 E. Pine Street #208  
ORLANDO FL 32805 Orlando, Fla 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

SIGNATURE

*Samuel W. Butler*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

600008761306

11/01/02--01087--001 \*\*236.25

DATE

After September 13, 2002,  
min. will be \$236.25.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME BUTLER, SAMUEL  
STREET ADDRESS 1221 W COLONIAL DR, SUITE 100  
CITY-ST-ZIP ORLANDO FL 32805

TITLE ☒ Change ☐ Addition  
NAME 100 E Pine Street #208  
STREET ADDRESS Orlando FL 32801  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME WILLIAMS, JOHN L  
STREET ADDRESS 1221 W COLONIAL DR, SUITE 100  
CITY-ST-ZIP ORLANDO FL 32805

TITLE ☒ Change ☐ Addition  
NAME 100 E Pine Street #208  
STREET ADDRESS Orlando, Fla 32801  
CITY-ST-ZIP

TITLE SD ☒ Delete  
NAME ~~ADAMS, TIM~~ Butler, Denise  
STREET ADDRESS 1221 W COLONIAL DR, SUITE 100  
CITY-ST-ZIP ORLANDO FL 32805

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME Butler, Denise  
STREET ADDRESS 100 E. Pine St. Ste 208  
CITY-ST-ZIP Orlando, Fla 32801

TITLE ☐ Change ☒ Addition  
NAME 600008761306  
STREET ADDRESS 01/09/03--01030--008 \*\*61.25  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 05/01/01 90081 008 150.00  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

10/14/02

CR2E037 (4/02)