


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000003170	
1. Entity Name SPIRIT, TRUTH & LOVE MINISTRIES, INC.	

Principal Place of Business PO BOX 751 OAKLAND, FL 34760	Mailing Address PO BOX 751 OAKLAND, FL 34760
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DO NOT WRITE IN THIS SPACE



05232006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3676317	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ALDERMAN, STEVE
301 N TUBB ST
OAKLAND, FL 34760**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$81.25 Due by September 8, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000586773 06/05/06-80008-004 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAXWELL, DAVID 81 WOODVIEW LANE CENTEREACH, NY 11720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAXWELL, STEPHANIE 81 WOODVIEW LANE CENTEREACH, NY 11720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRALAND, DAVID 555 W. PLANT ST WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALDERMAN, STEVE 557 W. PLANT ST WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: David Maxwell **DAVID MAXWELL** 5/4/06 631-588-6096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #