

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003170

FILED
Jul 21, 2007
Secretary of State

Entity Name: SPIRIT, TRUTH & LOVE MINISTRIES, INC.

Current Principal Place of Business:

PO BOX 751
OAKLAND, FL 34760

New Principal Place of Business:

555 PLANT ST
OAKLAND, FL 34760

Current Mailing Address:

PO BOX 751
OAKLAND, FL 34760

New Mailing Address:

FEI Number: 59-3676317 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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: MAXWELL, DAVID
Address: 81 WOODVIEW LANE
City-St-Zip: CENTEREACH, NY 11720

Title: D () Delete
Name: MAXWELL, STEPHANIE
Address: 81 WOODVIEW LANE
City-St-Zip: CENTEREACH, NY 11720

Title: D () Delete
Name: BRALAND, DAVID
Address: 555 W. PLANT ST
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: ALDERMAN, STEVE
Address: 557 W. PLANT ST
City-St-Zip: WINTER GARDEN, FL 34787

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:

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: DAVID MAXWELL

REV. _____

07/21/2007

Electronic Signature of Signing Officer or Director

Date