

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007140

FILED
Apr 25, 2007
Secretary of State

Entity Name: MINISTRY OF SPIRIT AND TRUTH INCORPORATED

Current Principal Place of Business:

1417 E. HALLANDARE
TAMPA, FL 33612

New Principal Place of Business:

1417 E. HOLLAND AVE
TAMPA, FL 33612

Current Mailing Address:

1920 MERIDEL STREET
TAMPA, FL 33612

New Mailing Address:

FEI Number: 59-3707389 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JACKSON, KA SHON
1417 E HOLLAND AVENUE
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

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: CH () Delete
Name: AUSTIN, SAUGHANTO PASTOR
Address: 1920 MERIDEL STREET
City-St-Zip: TAMPA, FL 33612

Title: VCH () Delete
Name: AUSTIN, QUEEN
Address: 1920 MERIDEL STREET
City-St-Zip: TAMPA, FL 33612

Title: D () Delete
Name: HICKS, RUBY
Address: 2713 17TH AVENUE
City-St-Zip: TAMPA, FL 33605

Title: S () Delete
Name: GREEN, MICHAEL
Address: 5413 TEMPLE PALMS AVENUE
City-St-Zip: TAMPA, FL 33617

Title: D () Delete
Name: BENJAMIN, MARILYN
Address: 1909 OATIS STREET
City-St-Zip: SEFFNER, FL 33584

Title: T () Delete
Name: PERRY, PATRICK
Address: 1516 WISHING WAY
City-St-Zip: TAMPA, FL 33619

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
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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: SAUGHANTO AUSTIN

CH

04/25/2007

Electronic Signature of Signing Officer or Director

Date