

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N03000009573

1. Entity Name

SPIRIT OF TRUTH, FAITH & LOVE OUTREACH
MINISTRIES, INC.



Principal Place of Business

Mailing Address

2230 NW 2 Ave
Miami Fla 33127

2230 NW 2 Ave
Miami Fla 33127

2. Principal Place of Business

3. Mailing Address

2230 NW 2 Ave

2230 NW 2 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33127

Country

Dade

Zip

33133

Country

Dade

6. Name and Address of Current Registered Agent

4. FEI Number

83-0375433

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent Signature Required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME FORBES, DANIEL
STREET ADDRESS 3676 DAY AVENUE
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

TITLE V
NAME FORBES, LINDA
STREET ADDRESS 3676 DAY AVENUE
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

TITLE T
NAME GARNER, MELANIE
STREET ADDRESS 3676 DAY AVENUE
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

TITLE S
NAME SMITH, LENORA
STREET ADDRESS 3676 DAY AVENUE
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

TITLE D
NAME FRAZIER, SUZETTE
STREET ADDRESS 3676 DAY AVENUE
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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:

Linda Forbes

Linda Forbes

03-27-07-786-294-4716

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2005-04-11

FILED

07 APR 11 PM 3:05

STATE OF FLORIDA



1st MOORE

CR2E037 (10/04)