

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005682

FILED
Jun 25, 2006
Secretary of State

Entity Name: THE SPIRIT AND TRUTH CHURCH INC.

Current Principal Place of Business:

1140 SOUTH EDGEWOOD AVE
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

2627 SIGMA CT
ORANGE PARK, FL 32073

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

HIDALGO, DEBBIE
2627 SIGMA CT
ORANGE PARK, FL 32073 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: P () Delete
Name: HIDALGO, KARL
Address: 2627 SIGMA CT
City-St-Zip: ORANGE PARK, FL 32073

Title: VP () Delete
Name: HALL, STEVEN
Address: 3674 SAN VISCAYA DR.
City-St-Zip: JACKSONVILLE, FL 32217

Title: TRES () Delete
Name: CONNOR, JOHN
Address: 4265 YVONNE TERRACE
City-St-Zip: MIDDLEBURG, FL 32068

Title: SEC () Delete
Name: HIDALGO, MANDY
Address: 8125 TIMBER POINT DR.
City-St-Zip: JACKSONVILLE, FL 32244

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 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: JOHN CONNOR

TRES

06/25/2006

Electronic Signature of Signing Officer or Director

Date