


# ANNUAL REPORT

9/7/2007-90001-020-\$50.00-\$50.00

DOCUMENT # **N060000000494**

1. Entity Name **Spirit And Truth Ministry Inc.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business - No P.O. Box # **600 Scriven Ave**  
Suite, Apt. #, etc.

3. Mailing Address **152 Vanburen St**  
Suite, Apt. #, etc.

City & State **Live Oak, FL** Zip **32064** Country **Switzerland**

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4. FEI Number **01-0841790**

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

Applied For ☐ Not Applicable

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Alfonso C. Ross Sr.**

Street Address (P.O. Box Number is Not Acceptable) **152 Vanburen St.**

City **Live Oak** State **FL** Zip Code **32064**

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 \_\_\_\_\_ DATE \_\_\_\_\_

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

**B. MANAGING MEMBERS/MANAGERS**

TITLE	<b>MGRM</b>
NAME	<b>Alfonso Curtis Ross Sr.</b>
STREET ADDRESS	<b>152 Vanburen Street</b>
CITY-ST-ZIP	<b>Live Oak, FL 32064</b>
TITLE	<b>MGRM (Treasurer)</b>
NAME	<b>Scelena Nelson</b>
STREET ADDRESS	<b>6132 Demarest St</b>
CITY-ST-ZIP	<b>Live Oak, FL 32064</b>
TITLE	<b>MGRM (Usher/Treasurer)</b>
NAME	<b>Jessie Marshall</b>
STREET ADDRESS	<b>1049 Scott St.</b>
CITY-ST-ZIP	<b>Live Oak, FL 32064</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10.

**800110853708**  
**10/18/07--01089--014 \*\*11.25**

**DO NOT WRITE IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Alfonso C. Ross Sr.** Date **8-27-07** Daytime Phone **(386) 209-1358 (cell) (386) 362-7890**

**10/11**