SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $154 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUN 19 PM 6:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N29620** **(4)**

1. Corporation Name

SPIRIT AND TRUTH MINISTRIES, INC.

Principal Place of Business	Mailing Address
RT 14, BOX 24 KING ROAD LAKE CITY FL 32055 US	ROUTE 14, BOX 24 KING ROAD LAKE CITY FL 32055 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/08/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2923713 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LAMB, EVELYN H.
RT 14, BOX 24, KING ROAD
LAKE CITY FL 32056

10. Name and Address of New Registered Agent

81 Name: Linda Sue CONNER
82 Street Address (P.O. Box Number is Not Acceptable): RT. 14 BOX 24-KING ROAD
83: KING ROAD
84 City: LAKE CITY, FLORIDA FL 65 Zip Code: 32024

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Linda Sue Conner PD
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: 6/9/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	LAMB, EVELYN H.	12 NAME	CONNER, LINDA SUE	
STREET ADDRESS	RT 14, BOX 24 KING ROAD	13 STREET ADDRESS	RT. 14 BOX 24 — KING ROAD	
CITY-ST-ZIP	LAKE CITY FL	14 CITY-ST-ZIP	LAKE CITY, FLORIDA 32024	
TITLE	VD	21 TITLE	VD	☒ Change ☒ Addition
NAME	CONNER, LINDA SUE	22 NAME	APPELL, CANDICE	
STREET ADDRESS	RT 14, BOX 24 KING ROAD	23 STREET ADDRESS	RT. 1 BOX 2404 - SMITH MARKET ROAD	
CITY-ST-ZIP	LAKE CITY FL	24 CITY-ST-ZIP	O' BRIEN, FLORIDA 32071	
TITLE	STD	31 TITLE	STD	☒ Change ☐ Addition
NAME	SHAMBLIN, KAREN D.	32 NAME	SHAMBLIN, KAREN D.	
STREET ADDRESS	RT 3, BOX 372	33 STREET ADDRESS	P. O. BOX 274 - SLICK-FISHER ROAD	
CITY-ST-ZIP	LIVE OAK FL	34 CITY-ST-ZIP	LAKE TOXAWAY, N.C. 28747	
TITLE		41 TITLE	400001518144	☐ Change ☐ Addition
NAME		42 NAME	-06/20/95--01111--002	
STREET ADDRESS		43 STREET ADDRESS	*****70.00 *****70.00	
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Linda Sue Conner LINDA SUE CONNER - PD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 6/9/95 Daytime Phone #: 904-758-0033

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