

FILE NOW: FILING FEE IS \$61.25

FILED

May 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N29620 (4)**

1. Corporation Name

SPIRIT AND TRUTH MINISTRIES, INC.

Principal Place of Business

**RT 14, BOX 24 KING ROAD
LAKE CITY FL 32024
US**

Mailing Address

**ROUTE 14, BOX 24
KING ROAD
LAKE CITY FL 32024-9814
US**3. Date Incorporated or Qualified
12/08/19883a. Date of Last Report
06/06/1996

2. Principal Place of Business

21 RT 15 BOX 3124 KING ROAD

Suite, Apt. #, etc.

22 KING ROAD

City & State

23 LAKE CITY, FL.

Zip

24 32024

Country

25 U.S.

2a. Mailing Address

26 RT 15, BOX 3124 KING ROAD

Suite, Apt. #, etc.

27 KING ROAD

City & State

28 LAKE CITY, FL.

Zip

29 32024

Country

30 U.S.

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**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CONNER, LINDA S
RT 14 BOX 24, KING ROAD
LAKE CITY FL 32024**

10. Name and Address of New Registered Agent

81 Name

LINDA SUE CONNER

82 Street Address (P.O. Box Number is Not Acceptable)

RT 15 BOX 3124

83

KING ROAD

84 City

LAKE CITY, FL.**FL**85 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CONNER, LINDA S	
STREET ADDRESS	RT 14 BOX 24 KING ROAD	
CITY - ST - ZIP	LAKE CITY FL 32024	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	APPELL, CANDICE	
STREET ADDRESS	RT 1 BOX 2404 SMITH MARKET ROAD	
CITY - ST - ZIP	O'BRIEN FL 32071	

TITLE	STD	<input type="checkbox"/> DELETE
NAME	SHAMBLIN, KAREN D.	
STREET ADDRESS	P.O. BOX 274 SLICK FISHER ROAD	
CITY - ST - ZIP	LAKE TOXAWAY NC 28747	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LINDA SUE CONNER	
1.3 STREET ADDRESS	RT 15 BOX 3124 KING ROAD	
1.4 CITY - ST - ZIP	LAKE CITY FL 32024	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/97

904758-0033

Date

Daytime Phone # 0000148

CR2E037 (9/96)