FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED May 18 1998 8:00am Secretary of State

DOCU 1. Corporatio	MENT # N2962() (4)				
SPIRIT AND TRUTH MINISTRIES, INC.						
				i naanida digi tala bala bala bala ahaa ahaa ahaa ahaa a	A FIGU EMU PIEK BARK EMBA ILE	
Principal Place of Business Mailing Address		Mailing Address				
RT. 15. BOX 3		RT 15. BOX 3124			<u></u>	
KING ROAD KING ROAD				3. Date Incorporated or Qualified 12/08/1988		
LAKE CITY FL 32024 LAKE CITY FL 32024				4. FEI Number	Applied For	
US		US		59-2923713	Not Applicable	
	Place of Business	2a. Mailing Address		E. Cartificate of Status Desired	\$8.75 Additional	
			124 KING ROAL)	Fee Required	
	•	Suite, Apt. #, etc. 27 KING ROAD		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
City & Stat	City & State City & State			7. Is this nonprofit corporation a homeow		
23 LAKE CITY, FL. 28 LAKE CITY,				☐ Yes		
Zip 24 32024	Country 25 U.S.	Zip 32024	Country 30 U.S.	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible	
24 32024	9. Name and Address of Current		1301 0.3.	10. Name and Address of New Register	_ =	
81 Name						
CONNER, LINDA SUE				ddress (P.O. Box Number is Not Acceptable)		
RT 15, BOX 3124			Ш			
KING R			83			
LAKE CITY FL 32024			84 City		85 Zip Code	
11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the shove-named corporation submits this statement for the purpose of changing its registered.						
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, an familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE	arriver with and accept the obligation	ond or, decitor orridood, in	Side distates,			
l	Signature, typed or printed name of registered agent		E: Registered Agent signature rec			
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition	
NAME	CONNER, LINDA SUE		1.2 NAME			
STREET ADDRESS	RT 15, BOX 3124 KING ROAD		1.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE CITY FL		1.4 CITY-ST-ZIP			
TITLE	VD	DELETE	2.1 T TLE		☐ Change ☐ Addition	
NAME	APPELL, CANDICE		2.2 NAME			
STREET ADDRESS	RT 1 BOX 2404 SMITH MARKE	T ROAD	2:3 STREET ADDRESS			
CITY-ST-ZIP	O'BRIEN FL 32071		2.4 CITY-ST-ZIP			
TITLE	std Shamblin, Karen D.	☐ DELETE	3.1 TITLE	SD	Change Addition	
name Street adoress i	P.O. BOX 274 SLICK FISHER F	ROAD.	3.2 NAME 3.3 STREET ADDRESS	SHAMBLIN, KAREN D.		
CITY-ST-ZIP	LAKE TOXAWAY NC 28747	1961 196	3.4, CITY-ST-ZIP	P.O.BOX274 SLICK FISHER LAKE TOXAWAY N.C. 28747	ROAD	
TITLE		DELETE	4.1 TIFLE	TD	Change X Addition	
NAME			4. 2 NAME	FRED APPELL		
STREET ADDRESS			4.3 STREET ADDRESS	RT_1_BOX 2404_SMITH MARK	ET ROAD	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	O'BRIEN, FL. 32071		
TITLE		☐ DELETE	5.1 TC'LE	D	Change X Addition	
NAME			5.2 N/ME	WAYNE GODSMARK		
STREET ADDRESS			5.3 STREET ADDRESS	630 N. E. 5TH AVENUE HIGH SPRINGS. FL. 32655		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	HIGH SPRINGS, FL. 32655	☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	<u></u> .		6.4 CITY-ST-ZIP			
14. I hereby o	ertify that the information supplied with	this filing does not qualify fo	or the exemption stated i	in Section 119.07(3)(i), Florida Statutes. I further	certify that the information	