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May 10, 1999 8:00 am
Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N29620

1. Corporation Name

SPIRIT AND TRUTH MINISTRIES, INC.

Principal Place of Business

RT. 15. BOX 3124
KING ROAD
LAKE CITY FL 32024
US

Mailing Address

RT 15. BOX 3124
KING ROAD
LAKE CITY FL 32024
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/08/1988

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2923713

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONNER, LINDA SUE
RT 15, BOX 3124
KING ROAD
LAKE CITY FL 32024

81 Name

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

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CONNER, LINDA SUE
STREET ADDRESS RT 15, BOX 3124 KING ROAD
CITY-ST-ZIP LAKE CITY FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME APPELL, CANDICE
STREET ADDRESS RT 1 BOX 2404 SMITH MARKET ROAD
CITY-ST-ZIP O'BRIEN FL 32071

☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE STD
NAME SHAMBLIN, KAREN D.
STREET ADDRESS P.O. BOX 274 SLICK FISHER ROAD
CITY-ST-ZIP LAKE TOXAWAY NC 28747

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

STD

☒ Change ☐ Addition

SHAMBLIN, KAREN D.
R.R. 2 BOX 148-N- LOWER SAWYERS CREEK RD.
ROBBINSVILLE, N.C. 28771

TITLE TD
NAME APPELL, FRED
STREET ADDRESS RT 1 BOX 2404, SMITH MARKET RD
CITY-ST-ZIP O'BRIEN FL 32071

☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME GODSMARK, WAYNE
STREET ADDRESS 630 NE 5TH AVE
CITY-ST-ZIP HIGH SPRINGS FL 32655

☒ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

D

☐ Change ☒ Addition

SHAMBLIN, PAUL H.
R.R. 2 BOX 148-N -LOWER SAWYERS CREEK RD.
ROBBINSVILLE, N.C. 28771

14. I 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, with all other like empowered.

SIGNATURE

Linda Sue Conner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99
Date

904-758-0033
Daytime Phone #

CR2E037 (11/98)