

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29620

1. Entity Name

SPIRIT AND TRUTH MINISTRIES, INC.

FILED

May 26, 2000 8:00 am
Secretary of State

05-26-2000 90105 018 ****70.00

Principal Place of Business

Mailing Address

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

RT. 15, BOX 3124
KING ROAD
LAKE CITY FL 32024-8930
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2923713

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME
STREET ADDRESS
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE STD
NAME SHAMBLIN, KAREN D.
STREET ADDRESS R.R. 2 BOX 148 N LOWER SAWYERS CREEK
CITY-ST-ZIP ROBINSON NC 28771 ☐ Delete

TITLE STD
NAME SHAMBLIN, KAREN D.
STREET ADDRESS RR-2 BOX 148 N LOWER SAWYERS CREEK RD.
CITY-ST-ZIP ROBBINSVILLE, N.C. 28771 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME SHAMBLIN, PAUL H
STREET ADDRESS R.R. 2 BOX 148-N-LOWER SAWYERS CREEK RD.
CITY-ST-ZIP ROBBINSVILLE NC 28771 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 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

5/8/2000

904-758-0033

Date

Daytime Phone #

CR2E037 (9/99)