


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 08:00 A
Secretary of State

DOCUMENT # N47012 1. Entity Name THE SPIRIT OF TRUTH OUTREACH MINISTERS, INC.	
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Principal Place of Business P.O. BOX 1395 104 ELM ST BUNNELL, FL 33110	Mailing Address P.O. BOX 1395 104 ELM ST BUNNELL, FL 33110
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DO NOT WRITE IN THIS SPACE



01162008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3109221	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LOWE, JOAN
520 N RIDGEWOOD AVE
DAYTONA BEACH, FL 32114

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000878392 04/14/08-80054-008-61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENRY, DAISY MAE 503 EAST DRAIN ST. BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEBRA, WILLIAMS PO BOX 1418 BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAMS, ANGELA D 1340 BEACON DRIVE HOLY HILL, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCKAY, HAROLD 516 MARK AVE DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, MAY M PO BOX 2071 BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. BLETCHER, MARY A PO BOX 2553 BUNNELL, MS 39110

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Daisy M. Henry 3-30-08 386-437-0844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #