

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47012

FILED
Apr 15, 2009
Secretary of State

Entity Name: THE SPIRIT OF TRUTH OUTREACH MINISTERS, INC.

Current Principal Place of Business:

P.O. BOX 1395
104 ELM ST
BUNNELL, FL 33110

New Principal Place of Business:

104 ELM STREET
BUNNELL, FL 33110

Current Mailing Address:

P.O. BOX 1395
104 ELM ST
BUNNELL, FL 33110

New Mailing Address:

P.O. BOX 1395
BUNNELL, FL 33110

FEI Number: 59-3109221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HENRY, DAISY MAE
Address: 503 EAST DRAIN ST.
City-St-Zip: BUNNELL, FL 32110

Title: TD () Delete
Name: DEBRA, WILLIAMS
Address: PO BOX 1418
City-St-Zip: BUNNELL, FL 32110

Title: TD () Delete
Name: WILLIAMS, ANGELA D
Address: 1340 BEACON DRIVE
City-St-Zip: HOLY HILL, FL 32117

Title: VD () Delete
Name: MCKAY, HAROLD
Address: 516 MARK AVE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: TD () Delete
Name: SMITH, MAY M
Address: PO BOX 2071
City-St-Zip: BUNNELL, FL 32110

Title: S () Delete
Name: BLETCHER, MARY A
Address: PO BOX 2553
City-St-Zip: BUNNELL, MS 39110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAISY MAE HENRY

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date