

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90285 025 ****61.25

DOCUMENT # N94000005765
1. Entity Name
SPIRIT OF TRUTH AND INTEGRITY MINISTRIES, INC.



Principal Place of Business Mailing Address
15751 N.W. 18 PL. 15751 N.W. 18 PL.
OPA LOCKA FL 33054 OPA LOCKA FL 33054



2. Principal Place of Business 3. Mailing Address
15751 N.W. 18 PL. *15751 N.W. 18 PL.*
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State
Miami Gardens FL *Miami Gardens FL*
Zip Country Zip Country
33054 *Dade* *33054* *Dade*

4. FEI Number Applied For
65-0551212 Not Applicable

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

6. Name and Address of Current Registered Agent
MCTIER, CAROLYN D
3276 N.W. 180 STREET
MIAMI FL 33056

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW: FEE IS \$61.25
Due By: May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | YEARBY, FREDERICK L | |
| STREET ADDRESS | 15751 N.W. 18TH PLACE | |
| CITY-ST-ZIP | MIAMI FL 33054 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ROBERTS, COREY | |
| STREET ADDRESS | 16501 NW 18 COURT | |
| CITY-ST-ZIP | MIAMI FL 33054 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | YEARBY, WANDRA | |
| STREET ADDRESS | 15751 N.W. 18TH PLACE | |
| CITY-ST-ZIP | MIAMI FL 33054 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| NAME | | |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Frederick L. Yearby*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR