


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000005765 <small>1. Entity Name</small> SPIRIT OF TRUTH AND INTEGRITY MINISTRIES, INC.		
<small>Principal Place of Business</small> 15751 NW 18 PL OPA LOCKA FL 33054		<small>Mailing Address</small> 15751 NW 18 PL OPA LOCKA FL 33054
<small>2. Principal Place of Business - No P.O. Box #</small>	<small>3. Mailing Address</small>	
<small>Suite, Apt. #, etc.</small>	<small>Suite, Apt. #, etc.</small>	
<small>City & State</small>		<small>City & State</small>
<small>Zip</small>	<small>Country</small>	<small>Zip</small> <small>Country</small>



1st MOORE CR2E037 (10/06)

<small>4. FEI Number</small> 65-0551212		<small>Applied For</small> <input type="checkbox"/> Not Applicable	
<small>5. Certificate of Status Desired</small> <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCTIER, CAROLYN D 3276 N.W. 180 STREET MIAMI FL 33056		<small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <small>City</small>	
		FL	<small>Zip Code</small>

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 reinstating) _____ DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007 <i>270.00</i>	<small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	PD YEARBY, FREDERICK L 15751 N.W. 18TH PLACE MIAMI FL 33054 <input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	U00000685425 <input type="checkbox"/> Change <input type="checkbox"/> Addition 03/23/07-80029-004 70.00
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	D ROBERTS, COREY 16501 NW 18 COURT MIAMI FL 33054 <input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	D YEARBY, WANDRA 15751 N.W. 18TH PLACE MIAMI FL 33054 <input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Partee: Frederick L. Yearby* *3/10/07*