


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
 15751 NW 18 PL 15751 NW 18 PL
 OPA LOCKA, FL 33054 OPA LOCKA, FL 33054

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04182008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0551212	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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

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

Filing Fee is \$81.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000930903 05/21/08-80126-017 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YEARBY, FREDERICK L 15751 N.W. 18TH PLACE MIAMI, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, COREY 16501 NW 18 COURT MIAMI, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YEARBY, WANDRA 15751 N.W. 18TH PLACE MIAMI, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Frederick L. Yearby Sr.* **4/18/08** **305-625-0281**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #