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FILED  
May 05 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000001430 (5)

1. Corporation Name

SPEAKING THE TRUTH MINISTRIES, INC.



Principal Place of Business

Mailing Address

907 WOODVILLE HIGHWAY  
CRAWFORDVILLE FL 32327-0706

POST OFFICE BOX 77  
WOODVILLE FL 32362-0077

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEWRELL, CARON R  
907 WOODVILLE HIGHWAY  
CRAWFORDVILLE FL 32327-0706

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Caron R. Dewrell*  
Signature, typed or printed name of registered agent and title if applicable

Caron R. Dewrell

4/5/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☒ DELETE

Linwood Crosby

P.O. Box 1114

Youngstown, FL 32466

11 TITLE NAME ☐ Change ☐ Addition

12 NAME Donald G. Dewrell  
13 STREET ADDRESS 907 Woodville Hwy.  
14 CITY-ST-ZIP Crawfordville, FL 32327

21 TITLE NAME ☐ Change ☐ Addition

22 NAME Daymond R. Jones  
23 STREET ADDRESS 7522 Bighorn  
24 CITY-ST-ZIP Tallahassee, FL 32310

31 TITLE NAME ☐ Change ☐ Addition

32 NAME Jerry W. Crawford  
33 STREET ADDRESS Star Route Box 104-B  
34 CITY-ST-ZIP Braxton, MS 39044

41 TITLE NAME ☐ Change ☐ Addition

42 NAME Terry Ploeckelmann  
43 STREET ADDRESS 7834 S. Washington Street  
44 CITY-ST-ZIP Wichita, KS 67233

51 TITLE NAME ☐ Change ☐ Addition

52 NAME Daniel H. Anderson  
53 STREET ADDRESS 8 Sharman Drive  
54 CITY-ST-ZIP Crawfordville, FL 32327

61 TITLE NAME ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, upon an attachment with an address.

CR2E037 (9/96)