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Apr 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001430 (5)**

1. Corporation Name

**SPEAKING THE TRUTH MINISTRIES, INC.**

Principal Place of Business

Mailing Address

**807 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

3. Date Incorporated or Qualified

**03/11/1996**

4. FEI Number

**59-3362680**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution



**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?



Yes



No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes



No

10. Name and Address of New Registered Agent

**DEWRELL, CARON R  
907 WOODVILLE HIGHWAY  
CRAWFORDVILLE FL 32327-0708**

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*

*Caron R. Dewrell*

**4/14/98**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **CM  
DEWRELL, DONALD G**  
STREET ADDRESS **907 WOODVILLE HWY**  
CITY-ST-ZIP **CRAWFORDVILLE FL**

TITLE ☐ DELETE

NAME **D  
JONES, DAYMOND R**  
STREET ADDRESS **7522 BIGHORN**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE

NAME **D  
CRAWFORD, JERRY W**  
STREET ADDRESS **STAR ROUTE BOX 104-B**  
CITY-ST-ZIP **BRAXTON MS**

TITLE ☐ DELETE

NAME **D  
PLOECKELMANN, TERRY**  
STREET ADDRESS **7834 S WASHINGTON STREET**  
CITY-ST-ZIP **WICHITA KS**

TITLE ☐ DELETE

NAME **D  
ANDERSON, DANIEL H**  
STREET ADDRESS **8 SHARMAN DRIVE**  
CITY-ST-ZIP **CRAWFORDVILLE FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, or on an attachment with an address.

SIGNATURE:

*Donald G. Dewrell*

**April 14, 1998**

**850-421-4050**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)