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Jun 11 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 # N96000002422 (1)
1. Corporation Name
SPIRIT OF TRUTH APOSTOLIC MINISTRY, INC.



Principal Place of Business: 3308 NORTH PEARL STREET JACKSONVILLE FL 32206
Mailing Address: 3308 NORTH PEARL STREET JACKSONVILLE FL 32206-2043

3. Date Incorporated or Qualified: 05/06/1996
3a. Date of Last Report: [blank]
2. Principal Place of Business: [blank]
2a. Mailing Address: [blank]
4. FEI Number: 26-08-447338-55C (with handwritten correction) Applied For: [blank] Not Applicable: [checked]
5. Certificate of Status Desired: [blank] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [blank] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [blank] Yes [checked] No

9. Name and Address of Current Registered Agent: GIBBONS, SAMUEL W, 3308 NORTH PEARL STREET, JACKSONVILLE FL 32206
10. Name and Address of New Registered Agent: [blank]
81 Name: [blank]
82 Street Address (P.O. Box Number is Not Acceptable): [blank]
83 [blank]
84 City: [blank] FL 85 Zip Code: [blank]

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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: [blank] (NOTE: Registered Agent signature required when reinstating) DATE: [blank]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D [checkbox] DELETE	1.1 TITLE	[checkbox] Change [checkbox] Addition
NAME	GIBBONS, SAMUEL W	1.2 NAME	
STREET ADDRESS	3143 TALL PINE LANE #1	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32277	1.4 CITY-ST-ZIP	
TITLE	D [checkbox] DELETE	2.1 TITLE	[checkbox] Change [checkbox] Addition
NAME	GIBBONS, MARJORIE L	2.2 NAME	
STREET ADDRESS	3143 TALL PINE LANE #1	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32277	2.4 CITY-ST-ZIP	
TITLE	D [checkbox] DELETE	3.1 TITLE	[checkbox] Change [checkbox] Addition
NAME	HUNT, KELVIN L	3.2 NAME	
STREET ADDRESS	822 NORTH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32211	3.4 CITY-ST-ZIP	
TITLE	[checkbox] DELETE	4.1 TITLE	[checkbox] Change [checkbox] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	[checkbox] DELETE	5.1 TITLE	[checkbox] Change [checkbox] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	[checkbox] DELETE	6.1 TITLE	[checkbox] Change [checkbox] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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, or on an attachment with an address.

SIGNATURE: [Handwritten Signature]

CR2E037 (9/96)