

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90119 039 ****61.25

0010837

DOCUMENT # N96000002422

1. Entity Name

SPIRIT OF TRUTH APOSTOLIC MINISTRY, INC.

Principal Place of Business

Mailing Address

**3308 NORTH PEARL STREET
 JACKSONVILLE FL 32206**

**3308 NORTH PEARL STREET
 JACKSONVILLE FL 32206**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required.



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GIBBONS, SAMUEL W
 3308 NORTH PEARL STREET
 JACKSONVILLE FL 32206**

Name

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

City

FL

Zip Code

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D GIBBONS, SAMUEL W**
 STREET ADDRESS **10201 W BEAVER ST LOT 256**
 CITY-ST-ZIP **JACKSONVILLE FL 32220**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D GIBBONS, MARJORIE L**
 STREET ADDRESS **10201 W BEAVER ST LOT 256**
 CITY-ST-ZIP **JACKSONVILLE FL 32220**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D NICKLES, SANDRA Y**
 STREET ADDRESS **3500 TOWNSEND BLVD #216D**
 CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE Change Addition
 NAME **Nickles, Sandra Y.**
 STREET ADDRESS **7915 103rd St. Lot 146**
 CITY-ST-ZIP **Jacksonville, FL 32210**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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: *SAMUEL W GIBBONS*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27 2001 904-693-3235
 Date Daytime Phone #

CR2E037 (10/00)