

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90421 044 ****70.00

NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N96000002422** ✓

1. Entity Name

Spirit of Truth Apostolic Ministry, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3308 N. Pearl St.

3. Mailing Address

P.O. Box 3311

Suite, Apt. #, etc.

Jacksonville, FL

Suite, Apt. #, etc.

Jacksonville, FL

City & State

City & State

DO NOT WRITE IN THIS SPACE

670257

Zip

32206

Country

Duval

Zip

32206

Country

Duval

4. FEI Number

Not Applicable

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Samuel W. Gibbons

Street Address (P.O. Box Numbers Not Acceptable)

3308 N. Pearl Street

Jacksonville, FL

City

FL

Zip Code

32206

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 reconstituting)

DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D Gibbons, Samuel W.
10201 W. Beaver St. Lot 256
Jacksonville, FL 32220

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D Gibbons, Maryjorie L.
10201 W. Beaver St. Lot 256
Jacksonville, FL 32220

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D Nickles, Sandra L.
7915 103rd St. Lot 146
Jacksonville, FL 32210

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Maryjorie L. Gibbons**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 6, 2002 904-693-3235
DATE DAYTIME PHONE #

CR2E037B (12/01)