2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2010
Secretary of State

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Entity Name: SPIRIT OF TRUTH APOSTOLIC MINISTRY, INC.

Current Principal Place of Business:

3308 NORTH PEARL STREET
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

P.O BOX 3311
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 38-3700319 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D
Name: GIBBONS, SAMUEL W
Address: 10201 W BEAVER ST LOT 256
City-St-Zip: JACKSONVILLE, FL 32220

Title: D
Name: GIBBONS, MARJORIE L
Address: 10201 W BEAVER ST LOT 256
City-St-Zip: JACKSONVILLE, FL 32220

Title: D
Name: HUNT, KEVIN L
Address: 922 NORTH ST
City-St-Zip: JACKSONVILLE, FL 32211

Title: D
Name: NICKLES, CYNTHIA L
Address: 4929 AVENUE B
City-St-Zip: JACKSONVILLE, FL 32209

Title: D
Name: HALL, EDDIE C
Address: 5420 LOIS AVE.
City-St-Zip: JACKSONVILLE, FL 32205

Title: D
Name: HALL, JACQUELINE C
Address: 5420 LOIS AVE.
City-St-Zip: JACKSONVILLE, FL 32205

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARJORIE L. GIBBONS D 03/30/2010

Electronic Signature of Signing Officer or Director — Date