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FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90057 015 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000004570

1. Corporation Name

SPIRIT OF TRUTH APOCALYPSE MINISTRIES, INCORPORATED

Principal Place of Business

Mailing Address

1751 E GARY ROAD
 LAKELAND FL 33801
 US

1751 E GARY ROAD
 LAKELAND FL 33801
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

09/04/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-3418064

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

23

28

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

24

Country

Country

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RILEY, HORACE
1010 NORTH MASSACHUSETTS AVE
LAKELAND FL 33805

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **RILEY, BARBARA M**
 STREET ADDRESS **1010 NORTH MASSACHUSETTS AVE**
 CITY-ST-ZIP **LAKELAND FL**

1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **RILEY, HORACE**
 STREET ADDRESS **1010 NORTH MASSACHUSETTS AVE**
 CITY-ST-ZIP **LAKELAND FL**

2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **MC WHITE, CYNTHIA**
 STREET ADDRESS **7216 SHEFFIELD DRIVE**
 CITY-ST-ZIP **LAKELAND FL**

3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **TINSLEY, REGINA**
 STREET ADDRESS **6429 DARTMOUTH ROAD**
 CITY-ST-ZIP **LAKELAND FL 33809**

4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **HARRIS, MAUREEN**
 STREET ADDRESS **5115 SOCRUM LOOK ROAD**
 CITY-ST-ZIP **LAKELAND FL 33809**

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Signature of Barbara M. Riley, President 4-26-99, (941) 680-2345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)