

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004570

FILED
Apr 30, 2007
Secretary of State

Entity Name: SPIRIT OF TRUTH APOCALYSE MINISTRIES, INCORPORATED

Current Principal Place of Business:

1751 E GARY ROAD
LAKELAND, FL 33801 US

New Principal Place of Business:

Current Mailing Address:

1751 E GARY ROAD
LAKELAND, FL 33801 US

New Mailing Address:

FEI Number: 59-3418064

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RILEY, HORACE
2610 HARDIN COMBEE ROAD
LAKELAND, FL 33801 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: STD () Delete
Name: RILEY, BARBARA M
Address: 2610 HARDIN COMBEE ROAD
City-St-Zip: LAKELAND, FL 33801

Title: PD () Delete
Name: RILEY, HORACE
Address: 2610 HARDIN COMBEE ROAD
City-St-Zip: LAKELAND, FL 33801

Title: VD () Delete
Name: MC WHITE, CYNTHIA
Address: 7216 SHEFFIELD DRIVE
City-St-Zip: LAKELAND, FL

Title: TD () Delete
Name: TINSLEY, REGINA
Address: 6429 DARTMOUTH ROAD
City-St-Zip: LAKELAND, FL 33809

Title: D () Delete
Name: HARRIS, MAUREEN
Address: 5115 SOCRUM LOOK ROAD
City-St-Zip: LAKELAND, FL 33809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HORACE RILEY

PD

04/30/2007

Electronic Signature of Signing Officer or Director

Date