N96000004570

(Re	questor's Name)	<u> </u>
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Rochange Trevis 3/26/08

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Spirit Of Truth Apocalyse Miniistries, Inco	rporated
(Name of Corporation)	
DOCUMENT NUMBER: N96000004570	
The enclosed Statement of Change of Registered Office/Agent and	I fee are submitted for filing.
Please return all correspondence concerning this matter to the following	owing:
Horace Riley (Name of Contact Person	n)
Does not apply (Firm/Company)	
!706 Cordova Circle West	-
(Address)	
Lakeland, Fl 33801 (City/State and Zip Code	-
· · · · ·	
For further information concerning this matter, please call:	
Barbara Riley at (863	513-6155 a Code & Daytime Telephone Number)
(Name of Contact Person) (Are	a Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of Sta	ate.
Amendment Section Amendment Section I	Street Address: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

CR2E045 (8/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: Spirit Of Truth Apocalyse Ministries, Incorporated
	office address: 1233 East Magnolia Street, Lakeland, Fl 33801
3. The mailing a	ddress (if different): P.O. Box 92382 Lakeland, Fl 33804-2382
4. Date of incorp	poration/qualification: August 29, 1997 Document number: N96000004570
	street address of the current registered agent and registered office on file with the tment of State:
	Horace Riley, President /Director
	2610 Hardin Combee Road Lakeland, FI 33801
	THE SERVICE OF THE SE
6. The name and (if changed):	Horace Riley, President / Director 2610 Hardin Combee Road Lakeland, FI 33801 street address of the new registered agent (if changed) and /or registered office Horace Riley/President/Director (unchanged)
	Horace Riley/President/Director (unchanged)
	1706 Cordova Circle-West Lakeland, FI 33801 (P.O. Box NOT acceptable)
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
_	is authorized by resolution duly adopted by its board of directors or by an officer so le board, or the corporation has been notified in writing of the change.
Surliva	Ruley Suretary Becrefice Barbara Riley, Director/Secretary (Printed or typed name and little)
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
front.	gnature of Registered Agent) (Date)
If signing on be	half of an entity:
Does 1	vot fooly ved or Printed Name)

* * * FILING FEE: \$35.00 * * *