

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N99000004279**

1. Entity Name

Spirit and Truth Ministry of Jesus Christ Inc

Principal Place of Business

Mailing Address

**2056 Linkert Ave
Fort Myers Fl. 33901**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Myers FL

City & State

Zip **33901**

Country **Lee**

Zip

Country

4. FEI Number

65-0870830

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**Anthony L. Chapman
3026 Royal Palm Ave.
Fort Myers Fla. 33901**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Anthony L. Chapman

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

(NOT) Registered Agent signature required when reinstating

DATE

**FILE NOW:
FEE IS \$61.25**

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 **Pastor/Director President** ☐ Delete
NAME **Rev. Anthony L. Chapman**
STREET ADDRESS **3026 Royal Palm Ave**
CITY-ST-ZIP **Fort Myers FL. 33901**

TITLE **Asst. Secretary + Treasurer** ☐ Delete
NAME **Shairon M. Chapman**
STREET ADDRESS **3026 Royal Palm Ave**
CITY-ST-ZIP **Fort Myers FL. 33901** **Director** **Treasurer**

TITLE **Secretary** ☐ Delete
NAME **Frances M. Chapman**
STREET ADDRESS **1538 Gardenia Ave**
CITY-ST-ZIP **Fort Myers FL. 33916** **Director** **Secretary**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **200004315812-8**
STREET ADDRESS **-05/24/01 --01087--025**
CITY-ST-ZIP ******131.25 ****131.25**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 no 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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE

Pastor Anthony L. Chapman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Daytime Phone #

2/09/01 218-1321

CR2E037 (11/00)

2012

Spirit & Truth Ministry of Jesus Christ Inc.

2056 Linhart Ave. Ft. Myers, Florida

To whom it may concern,

We are writing to reinstate our charter because we moved our location twice and we didn't receive our renewal notice.

Sincerely with thanks,

Pastor A. L. Chapman