

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004279

1. Entity Name

SPIRIT AND TRUTH MINISTRY OF JESUS CHRIST, INC.

Principal Place of Business

206 LINHART AVE
FORT MYERS FL 33901

Mailing Address

2056 LINHART AVE
FORT MYERS FL 33901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

CHAPMAN, ANTHONY L
3026 ROYAL PALM AVE
FORT MYERS FL 33901

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

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

(NOTE: 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME CHAPMAN, ANTHONY L REV
STREET ADDRESS 3026 ROYAL PALM AVE
CITY-ST-ZIP FORT MYERS FL 33901 ☐ Delete

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

TITLE DS
NAME CHAPMAN, FRANCES M
STREET ADDRESS 1538 GARDENIA AVE
CITY-ST-ZIP FORT MYERS FL 33916 ☐ Delete

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

TITLE ASTD
NAME CHAPMAN, SHARON M
STREET ADDRESS 3026 ROYAL PALM AVE
CITY-ST-ZIP FORT MYERS FL 33901 ☐ Delete

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

TITLE
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STREET ADDRESS
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TITLE
NAME ☐ Change ☐ Addition
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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empower.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90052 003 ****70.00

B0012648



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)