

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005042

FILED
Apr 07, 2008
Secretary of State

Entity Name: TRUTH OF THE SPIRIT MINISTRIES, INC.

Current Principal Place of Business:

5330 YAUPON STREET
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

5330 YAUPON STREET
ORLANDO, FL 32811

New Mailing Address:

FEI Number: 59-3594767

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, GERALD REV.
5330 YAUPON STREET
ORLANDO, FL 32811 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: PPD () Delete
Name: ROBINSON, GERALD A
Address: 5330 YAUPON STREET
City-St-Zip: ORLANDO, FL 32811

Title: VPD () Delete
Name: WILLIAMS, MITCHELL L
Address: 5330 YAUPON STREET
City-St-Zip: ORLANDO, FL 32811

Title: D () Delete
Name: GOULD, CELIA R
Address: 963 DREW AVE.
City-St-Zip: ORLANDO, FL 32805

Title: TT () Delete
Name: MILLS, CONNIE
Address: 2117 COBBLEFIELD CIRCLE
City-St-Zip: APOPKA, FL 32703

Title: TD () Delete
Name: ROBINSON, BETTY J
Address: 5330 YAUPON STREET
City-St-Zip: ORLANDO, FL 32811

Title: TBM () Delete
Name: LITTLE, NORMA
Address: 872 BLACKOON COURT
City-St-Zip: ORLANDO, FL 32825

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:

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: GERALD A. ROBINSON

DR.

04/07/2008

Electronic Signature of Signing Officer or Director

Date