

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007032

1. Entity Name

SPIRIT & TRUTH WORSHIP CENTER, INC.

Principal Place of Business

8302 HIBISCUS RD.
FT. PIERCE FL 34951

Mailing Address

8302 HIBISCUS RD.
FT. PIERCE FL 34951

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FE# Number

65-0979456

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOWLER, JOSHUA P.
1635 HOPE CIR.
PANAMA CITY FL 32407

7. Name and Address of New Registered Agent

Name

Sandra Owens

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

8302 Hibiscus Rd

Ft. Pierce

City

Ft. Pierce

FL

Zip Code

34951

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

Sandra Owens/sec. Sandra Owens

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

TITLE D ☐ Delete
NAME FOWLER, JOSHUA P
STREET ADDRESS 1635 HOPE CIR.
CITY-ST-ZIP PANAMA CITY FL 32407

TITLE D ☐ Delete
NAME OWENS, CARL V
STREET ADDRESS 8302 HIBISCUS RD.
CITY-ST-ZIP FT. PIERCE FL 34951

TITLE D ☐ Delete
NAME FOWLER, ASHLEY K
STREET ADDRESS 1635 HOPE CIR.
CITY-ST-ZIP PANAMA CITY FL 32407

TITLE D ☐ Delete
NAME OWENS, SANDRA
STREET ADDRESS 8302 HIBISCUS RD.
CITY-ST-ZIP FT. PIERCE FL 34951

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
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
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 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 empowered.

SIGNATURE:

Sandra Owens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

465-5912



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)