

2001 UNIFORM BUSINESS REPORT (UBR)

5/3.

FILED
May 25, 2001 8:00 am
Secretary of State

05-03-2001 90006 033 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI 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

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

Carl Owens

Carl Owens

4-28-01

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	<input type="checkbox"/> Delete
NAME	FOWLER, JOSHUA P	
STREET ADDRESS	1635 HOPE CIR.	
CITY-ST-ZIP	PANAMA CITY FL 32407	
TITLE	D	<input type="checkbox"/> Delete
NAME	OWENS, CARL V	
STREET ADDRESS	8302 HIBISCUS RD.	
CITY-ST-ZIP	FT. PIERCE FL 34951	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOWLER, ASHLEY K	
STREET ADDRESS	1635 HOPE CIR.	
CITY-ST-ZIP	PANAMA CITY FL 32407	
TITLE	D	<input type="checkbox"/> Delete
NAME	OWENS, SANDRA	
STREET ADDRESS	8302 HIBISCUS RD.	
CITY-ST-ZIP	FT. PIERCE FL 34951	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fowler, Joshua P	
STREET ADDRESS	P.O. Box 680756	
CITY-ST-ZIP	Orlando, FL 32868	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carl Owens v.	
STREET ADDRESS	8302 Hibiscus Rd.	
CITY-ST-ZIP	FT. PIERCE, FL 34951	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fowler, Ashley K	
STREET ADDRESS	P.O. Box 680756	
CITY-ST-ZIP	Orlando, FL 32868	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Owens, Sandra	
STREET ADDRESS	8302 Hibiscus Rd.	
CITY-ST-ZIP	FT. PIERCE, FL 34951	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-01

Date

(561)

965-5912

Daytime Phone #

CR2E037 (1/0/00)