

2000/2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007442

1. Entity Name
Spirit & Truth Ministry of Central, FLA

Principal Place of Business Mailing Address
6850 Forest City Rd P.O. Box 547485
Orlando, FL 32810 Orlando, FL 32854

2. Principal Place of Business 3. Mailing Address
6850 Forest City Rd P.O. Box 547485
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State Florida Orlando, Florida
Zip 32810 Country Orange Zip 32854 Country Orange

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

01 OCT 29 AM 11:01

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-10/03/01--01044--002
****122.50 ****122.50
DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Pastor Tammy G Lockett
6510 Edgewater Dr.
Orlando, FL 32810

7. Name and Address of New Registered Agent
Name Pastor Tammy G Lockett
Street Address (P.O. Box Number is Not Acceptable)
6510 Edgewater Dr.
City Orlando FL Zip Code 32810

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 Tammy G Lockett (NOTE: Registered Agent signature required when reinstating) DATE 11-6-01

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
Pastor/CEO Tammy G Lockett 6850 Forest City Rd Orlando, FL 32810	<input type="checkbox"/> Delete
Executive V.P. Dorothy Cleveland 6850 Forest City Rd Orlando, FL 32810	<input type="checkbox"/> Delete
P.D. Sol Lockett III 6850 Forest City Rd Orl, FL 32810	<input checked="" type="checkbox"/> Delete
2 nd VP Chelsea Nelson 6850 Forest City Rd Orlando, FL 32810	<input type="checkbox"/> Delete
3 rd V.P. Diane Hunter 6850 Forest City Rd Orlando, FL 32810	<input type="checkbox"/> Delete
Secretary Patricia Wright 6850 Forest City Rd Orlando, FL 32810	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2 nd Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3 rd Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Tammy G Lockett - Pastor/CEO 11-6-01 407-595-2071

CR2E037 (11/00)