

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007442

1. Entity Name

SPiRiT & TRUTH MINISTRY, OF CENTRAL FLA, INC.

SPiRiT & Truth International Ministry Inc.

NIC NOT FILED

FILED

02 APR -8 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

6850 FOREST CITY RD
ORLANDO FL 32810

P.O. BOX 547485
ORLANDO FL 32854

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

59-3613389

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

LOCKETT, TAMMY G PASTOR
6510 EDGEWATER DR
ORLANDO FL 32810

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: CEO
NAME: LOCKETT, TAMMY F PASTOR Delete
STREET ADDRESS: 6850 FOREST CITY RD
CITY-ST-ZIP: ORLANDO FL 32810

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

TITLE: DV Delete
NAME: CLEVELAND, DOROTHY
STREET ADDRESS: 6850 FOREST CITY RD
CITY-ST-ZIP: ORLANDO FL 32810

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

TITLE: DV Delete
NAME: NELSON, ELESIA
STREET ADDRESS: 6850 FOREST CITY RD
CITY-ST-ZIP: ORLANDO FL 32810

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

TITLE: DV Delete
NAME: HUNTER, DIANE
STREET ADDRESS: 6850 FOREST CITY RD
CITY-ST-ZIP: ORLANDO FL 32810

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

TITLE: SD Delete
NAME: WRIGHT, PATRICIA
STREET ADDRESS: 6850 FOREST CITY RD
CITY-ST-ZIP: ORLANDO FL 32810

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

TITLE: Delete
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change 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* / *Tammy G. Lockett*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/12/02 *407-595-2071*

CP2E037 (9/01)