


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000007442
 1. Entity Name
SPIRIT AND TRUTH INTERNATIONAL MINISTRY INC.



Principal Place of Business Mailing Address
1126 SOUTH DIVISION STREET **P.O. BOX 547485**
ORLANDO, FL 32805 **ORLANDO, FL 32854**

DO NOT WRITE IN THIS SPACE



09112006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3613389	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MINES, TAMMY G PASTOR
P.O. BOX 540553
ORLANDO, FL 32854

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

U00000576894
 09/13/06 00001-003 01.25

Filing Fee is \$61.25
Due by September 15, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MINES, TAMMY G PASTOR P.O. BOX 540553 ORLANDO, FL 32854
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CLEVELAND, DOROTHY 1126 S. DIVISION STREET ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NELSON, ELESIEA 1126 S. DIVISION STREET ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HOUSER, GLORIA REV 1126 S. DIVISION AVENUE ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WRIGHT, PATRICIA 1126 S. DIVISION STREET ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Mines / CEO* **9-11-06** **407-595-2071**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #