

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # V19189 (2)**

1. Corporation Name

**SPIRIT OF TRUTH, INC.**

Principal Place of Business

**14 1/2 REAM ROAD  
WINTER HAVEN FL 33880**

Mailing Address

**14 1/2 REAM ROAD  
WINTER HAVEN FL 33880**



3. Date Incorporated or Qualified

**03/05/1992**

3a. Date of Last Report

**03/10/1995**

4. FEI Number

**59-3113127**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21. **138 Ream Road**

26. **138 Ream Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25.

29. 30.

9. Name and Address of Current Registered Agent

**WALES, ANNE MARILEE  
14 1/1 REAM ROAD  
WINTER HAVEN FL 33880**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

**FL**

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the applicant

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **CUTTELL, JOAN SHARON**  
STREET ADDRESS **117 POE DR.**  
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **D** ☐ DELETE  
NAME **WALES, BRUCE EDWARD**  
STREET ADDRESS **14 1/2 REAM RD.**  
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **D** ☐ DELETE  
NAME **WILLIAMS, DARLENE KAREN**  
STREET ADDRESS **116 GRADY POLK RD.**  
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **D** ☐ DELETE  
NAME **WALES, ANNE MARILEE**  
STREET ADDRESS **14 1/2 REAM RD.**  
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**138 Ream Road  
Winter Haven, FL  
33880**

**138 Ream Road  
Winter Haven, FL  
33880**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**Anne M. Wales**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-12-96**

**(941) 293-2990**

Date

DayTime Phone #

CR2E034 (12/95)