SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Sep 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # N93000005573 (1)

1. Corporation Name

JUDAH PENTECOSTAL MINISTRIES, INC.

Principal Place of Business	Mailing Address
5409 N. EDGEWATER DR. ORLANDO FL 32810 US	2413 MYRNA ST. ORLANDO FL 32839 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/10/1993
3a. Date of Last Report: 12/02/1996

2. Principal Place of Business
21 Judah Pentecostal Ministries
Suite, Apt. #, etc.
22 5409 Edgewater Dr
City & State
23 Orlando Fl
Zip 24 32810 Country 25 USA

2a. Mailing Address
26 2413 Myrna St
Suite, Apt. #, etc.
27
City & State
28 Orlando Fl
Zip 29 32839 Country 30 USA

4. FEI Number: 59-3206901 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HAYWARD, JAMES PASTOR
2413 MYRNA ST.
ORLANDO FL 32839

10. Name and Address of New Registered Agent

81 Name: James L. Hayward
82 Street Address (P.O. Box Number is Not Acceptable): 2413 Myrna St
83
84 City: Orlando FL 85 Zip Code: 32839

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: James L. Hayward 8/8/97
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	Director	☐ Change ☑ Addition
NAME	HAYWARD, JAMES L PASTOR, Director & chairman		1.2 NAME	Francis Ziggler, Director	
STREET ADDRESS	2413 MYRNA STREET		1.3 STREET ADDRESS	30 Central Ave	
CITY-ST-ZIP	ORLANDO FL 32839		1.4 CITY-ST-ZIP	Orlando Fl 32802	
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HAYWARD, RITA, Secretary, Treas. Director		2.2 NAME		
STREET ADDRESS	2413 MYRNA STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32839		2.4 CITY-ST-ZIP		
TITLE	AD	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MILLNER, SIBYL Admin Director		3.2 NAME		
STREET ADDRESS	1115 DENTON ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32792		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, ROSIE M, Director		4.2 NAME		
STREET ADDRESS	4806 BALBOA DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32808		4.4 CITY-ST-ZIP		
TITLE	D Director	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PERRY, VALERIE		5.2 NAME		
STREET ADDRESS	5465 PALM LAKE CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32819		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (4/97)

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James L. Hayward SIGNATURE REQUIRED 8/8/97