

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
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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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Judah Pentecostal Ministries	26 2413 Myrna St	12/10/1993	12/02/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22 5409 Edgewater Dr	27	59-3206901	☐ Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Orlando FL	28 Orlando FL	☐	\$5.00 May Be Added to Fees
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	☐
24 32810	25 USA	☐	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
26 32839	29 USA	☐ Yes ☒ No	

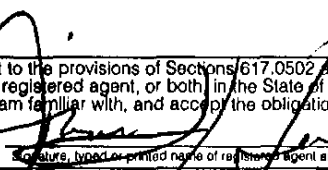
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAYWARD, JAMES PASTOR
2413 MYRNA ST.
ORLANDO FL 32839**

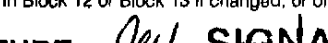
81 Name	James L. Hayward
82 Street Address (P.O. Box Number is Not Acceptable)	2413 Myrna St
83	
84 City	Orlando
85 Zip Code	FL 32839

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** DATE **8/2/97**

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, Directors 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 ☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	PERRY, VALERIE Director	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	

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  SIGNATURE REQUIRED

CR2E037 (4/97)