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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9300005573 (1)

FILED May 06 1998 8:00am Secretary of State

JUDAH PENTECOSTAL MINISTRIES, INC.				
Principal Place of Business Mailing Address				I TREATINGS BIR TRIBE FIELLI ROTHIN ODDIN ODDIN BOLIN STRAIT STRAIT FROM THE TOTAL
%JUDAH PENTECOSTAL MINISTRIES INC 2413 MYRNA ST. 5409 EDGEWATER DR ORLANDO FL 32839 US US US			3. Date Incorporated or Qualified 12/10/1993 4. FEI Number Applied For 59-3206901 Not Applicable	
2. Principal Pi 21	ace of Business	2a. Mailing Address		5. Certificate of Status Desired S8.75 Additional Fee Regulred
Suite, Apt.	#, etc.	Sulte, Apt. #, etc.		Election Campaign Financing Trust Fund Contribution Added to Fees
City & State)	City & State		7. Is this nonprofit corporation a homeowners association? Yes No
Zip	Country 25	Zip 29	Country 30	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	' - ' - 	10. Name and Address of New Registered Agent
			81 Name	
HAYWARD, JAMES L			82 Street	Address (P.O. Box Number is Not Acceptable)
2413 MY ORLAND	HNA S1. O FL 32839		83	
			84 City	FL 85 Zip Code
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, a minimizer with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent aignature required when reinstating). DATE				
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DC	DELETE	1.1 TITLE	Change Addition
NAME	HAYWARD, JAMES L PASTOR		1.2 NAME	
STREET ADDRESS	2413 MYRNA STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY - ST - ZIP	
TITLE	STD	DELETE	2.1 TITLE	Change Addition
NAME	HAYWARD, RITA		2.2 NAME	
STREET ADDRESS	2413 MYRNA STREET		2.3 STREET ADORESS	
CITY-ST-ZIP	ORLANDO FL 32839		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	Change Addition
NAME	ZIGGLER, FRANCIS	•	3.2 NAME]
STREET ADDRESS	30 CENTRAL AVE		3.3 STREET ADDRESS	}
CITY-ST-ZIP	ORLANDO FL		3.4. CITY-ST-ZIP	
TITUE	D	DELETE	4.1 TITLE	Change Addition
NAME	BROWN, ROSIE M		4.2 NAME	
STREET ADDRESS	4806 BALBOA DR.	i	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32808	Decem	4.4 CITY-ST-ZIP	Change Addition
TITLE .		☐ DELETE	5.1 TITLE	- Crange - Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	}
CITY-ST-ZIP		☐ DELETE	6.4 CITY - ST - ZIP 6.1 TITLE	☐ Change ☐ Addition
TITLE		□ DECEIE	6.1 TILLE 6.2 NAME	Citalings (Notified)
NAME				
STREET ADDRESS			6.3 STREET ADDRESS	

6.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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

HATTHE AND YES OF PRINTED NAME OF BROWNING OFFICER OR DIRECTOR

4/24/28

407-345-1294