FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 27, 1999 8:00 am
Secretary of State
07-27-1999 90008 028 ****61.25

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DOCUMENT # **N93000005573**

1. Corporation Name

JUDAH PENTECOSTAL MINISTRIES, INC.

596122 - 90008 - 28

Principal Place of Business	Mailing Address
%JUDAH PENTECOSTAL MINISTRIES INC 5409 EDGEWATER DR ORLANOD FL 32810 US	2413 MYRNA ST. ORLANDO FL 32839 US

2. Principal Place of Business 21 5320 Edgewater Dr	2a. Mailing Address 26 2413 Myrna St	3. Date Incorporated or Qualifed 12/10/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3206901 ☐ Applied For ☑ Not Applicable
City & State 23 Orlando Fl	City & State 28 Orlando Fl	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 32810 25 USA	Zip / Country 29 32839 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HAYWARD, JAMES L
2413 MYRNA ST.
ORLANDO FL 32839

10. Name and Address of New Registered Agent

81 Name: Rita 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: Rita Hayward — 7/14/99
Signature, typed 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	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 ADDRESS		
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		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, ROSIE M		4. 2 NAME		
STREET ADDRESS	4806 BALBOA DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32808		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME			5.2 NAME	Millner Sibyl	
STREET ADDRESS			5.3 STREET ADDRESS	1115 Denton Rd	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Winter Park Fl 32792	
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 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Rita Hayward — Rita Hayward Church Administrator — 7/14/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #