PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. PAGE OF





## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

N93000005573 DOCUMENT #

1. Corporation Name

Principal Place of Business

JUDAH PENTECOSTAL MINISTRIES, INC.

5320-EDGEWATER-DR 2429 State Rol 60 2413 HYRNA ST.

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SECRETARY OF STATE TALLAMASSEE, FLORIÐA



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	addresses are incorrect in any way, line the	ough incorrect in	nformation and enter	correction below.			
2. New Principal Office Address, If Applicable  2. New Principal Office Address, If Applicable  2. New Mailing Office Address, If Applicable  3. New Mailing Office Address, If Applicable  5/64 Convoy Rol  Suite, Apt. #, etc.					Date Incorporated or Qualified     To Do Business in Florida     12/10/1993		
Lake water F/ 33853 # 150 City & State City & State			<i>33</i>		5. FEI Number Applied For Not Applied For		
Zip 33853 Country Zip 3281			Counti		6. CERTIFICATE OF STATUS DESIRED (1076) CONTROL (10		S376 Additional Fastespille for 6 Califfed to distance
7. Names	and Street Addresses of Each Officer and	or Director (Flo	rida nonprofit corpor	ations must list at le	ast 3 directors)		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director			City / State / Zip		
STD	HAYWARD, RITA E	2413 MYRNA STREET			ORLANDO FL 32839		
D	BROWN, ROSIE	4806 BALBOA DR.			ORLANDO FL 32808		
D	MILLNER, SIBIL	1115 DENTON RD			WINTER PARK FL 32792		
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		<del></del> ,				10.00 -AG	PARTS
		<u> </u>				``	
					O(	-02 u	B(2 - 3)
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent		
HAYWARD, RITA E				Name Pita E Haguard Street Address (P.O. Box Mumber is Not Acceptable) 51.64. Conroy. Rd # 1523			
2413 MYRNA ST:					Conruy Rd # 1523		
ORLAI	NDO FL 32839			Suite, Apt. #, Etc			
		<u>-, -, -, -, -, -, -, -, -, -, -, -, -, -</u>		City	ndo	S F	tate Zip Code 328//
10. I, bein	g appointed the registered agent of the abo	ve named corpo	ration, am familiar w	ith and accept the o	•		_
	Mail "	<i>j</i> .					01063004
Signature d Registered	of Agent Alburation	Rita	E. Haywar	d/Sec/Tre	eas	Date ************************************	DU ****166.00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rita E. Hayward/Sec/Treas

REGISTERED AGENT MUST SIGN



## Judah Pentecostal Ministries

2429 State Road 60 East Lake Wales, FL 33853 (863) 299-0907

March 8, 2002

**Division of Corporations** Annual Report/Reinstatement Section PO Box 6327 Tallahassee, Florida 32314-6327

To whom it may Concern,

In reinstatement corporate papers for Judah Pentecostal Ministries we ask that you please waive the penalty fees due to our Senior Pastor deceased and the church address changed, we didn't receive the papers until months later. The new address of the church is 2429 State Rd 60 East, Lake Wales Florida and the mailing address is 5164 Conroy Rd#1523 Orlando Fl 32811.

We have enclosed a check for \$122.50 for the regular filing fee. If I need to do anything else please let me know.

Thank you,

Rita Hayward

Secretary/Treasurer

Judah Pentecostal Ministries

Day phone - 407-245-6584

Eve. 407-810-5666