

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N00000003067**

1. Entity Name

**HALLELUJAH MINISTRIES, INC.**

Principal Place of Business

**4482 WHEATLEY STREET  
ORLANDO FL 32811**

Mailing Address

**P.O. BOX 618306  
ORLANDO FL 32861**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

**59-3651227**

Applied For

Not Applicable

5. Certificate of Status Desired **EX****\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****HARRIS, LATONYA  
985 S. KIRKMAN ROAD  
#4  
ORLANDO FL 32811****7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State****10. OFFICERS AND DIRECTORS**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FUDGE, DANNY  
2173 LISTON COURT  
ORLANDO FL 32811** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FUDGE, LAURETHA  
4482 WHEATLEY STREET  
ORLANDO FL 32811** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HARRIS, LATONYA  
985 S. KIRKMAN ROAD APT. #4  
ORLANDO FL 32811** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BIVINS, RUBY  
2146 LISTON COURT  
ORLANDO FL 32811** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FUDGE, TARSHA  
4482 WHEATLEY ST.  
ORLANDO FL 32811** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
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STREET ADDRESS  
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☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE REQUIRED**  
**Latonya Harris**

1/20/01

Date

(407) 425-4141

Daytime Phone #

CR2E037 (10/00)