

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000006425

FILED  
Sep 26, 2006  
Secretary of State

**Entity Name:** LION OF THE TRIBE OF JUDAH MINISTRIES, INC.

**Current Principal Place of Business:**

819 TOWNSEND BLVD.  
SUITE 11  
JACKSONVILLE, FL 32211

**New Principal Place of Business:**

P. O. BOX 28866  
JACKSONVILLE, FL 32226

**Current Mailing Address:**

13528 ASHFORD WOOD CT. W  
JACKSONVILLE, FL 32218

**New Mailing Address:**

**FEI Number:** 59-3742999      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

WILLIAMS, SIRRETTA  
13528 ASHFORD WOOD COURT WEST  
JACKSONVILLE, FL 32218      US

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: SIRRETTA WILLIAMS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: WILLIAMS, SIRRETTA  
Address: 13528 ASHFORD WOOD CT. WEST  
City-St-Zip: JACKSONVILLE, FL 32218

Title: VP      ( ) Delete  
Name: COLES, LAVERANUES  
Address: 2637 LOGAN WOOD DR.  
City-St-Zip: HERDON, VA 20171

Title: T      ( ) Delete  
Name: JEFFERSON, WAYSHAWN K  
Address: 3805 HARBOR VIEW CT.  
City-St-Zip: JACKSONVILLE, FL 32208

Title: S      ( ) Delete  
Name: WAKEFIELD, BARBARA  
Address: 10935 WINGATE ROAD  
City-St-Zip: JACKSONVILLE, FL 32218

Title: D      ( ) Delete  
Name: WYNN, RENALDO  
Address: 7238 RAMOTH DRIVE  
City-St-Zip: JACKSONVILLE, FL 32226

Title: D      ( ) Delete  
Name: WILLIAMS, GLORIA  
Address: 743 CHESTNUT OAK DR N  
City-St-Zip: JACKSONVILLE, FL 32218

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: AUSTIN, FELICIA C  
Address: 502 LONG PINE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32305

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIRRETTA WILLIAMS

P

09/26/2006

Electronic Signature of Signing Officer or Director

Date