

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006425

FILED
Jul 05, 2007
Secretary of State

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

Current Principal Place of Business:

P. O. BOX 28866
JACKSONVILLE, FL 32226

New Principal Place of Business:

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: _____

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: AUSTIN, FELICIA C
Address: 502 LONG PINE DRIVE
City-St-Zip: TALLAHASSEE, FL 32305

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

I hereby certify that the information supplied with this filing does not qualify 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

07/05/2007

Electronic Signature of Signing Officer or Director

Date