2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# N01000006425

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:

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

Name and Address of New Registered Agent:

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:	VP	(X) Change ( ) Addition
Name:	COLES, LAVERANUES	
Address:	87 COLES COURT	
City-St-Zip:	ST. AUGUSTINE, FL 32084	
Title:	T	(X) Change ( ) Addition
Name:	DAVIS, CARISSA D	
Address:	2197 ARMSDALE ROAD	
City-St-Zip:	JACKSONVILLE, FL 32218	
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: DR. SIRRETTA WILLIAMS PCEO 05/01/2008

Electronic Signature of Signing Officer or Director — Date