


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90456 033 \*\*\*\*70.00

<b>DOCUMENT # N01000008760</b> 1. Entity Name <b>THE HOUSE OF JUDAH INC.</b>					
Principal Place of Business <b>3461 S.W. 2ND AVENUE APT. 133 GAINESVILLE, FL 32607</b>			Mailing Address <b>P.O. BOX 6414 TALLAHASSEE, FL 32314</b>		
2. Principal Place of Business <b>7300 High Lake Dr.</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Orlando, FL</b>		City & State		4. FEI Number <b>01-0557649</b>	
Zip <b>32818</b>		Country <b>US</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SMITH, ORRANE 3461 S.W. 2ND AVENUE., APT. 133 GAINESVILLE, FL 32607</b>				7. Name and Address of New Registered Agent Name <b>same - Orrane Smith</b> Street Address (P.O. Box Number is Not Acceptable) <b>7300 High Lake Dr.</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32818</b>	
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <b>Orrane Smith Director/President</b> <b>5/3/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP COLLINS, CARLECIA 1942 CELTIC ROAD TALLAHASSEE, FL 32317	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WILLIAMS, SARAH 410 VICTORY GARDEN DRIVE., APT. 1 TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT COLLINS, ALECIA 1942 CELTIC ROAD TALLAHASSEE, FL 32317	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
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 <b>Sarah Williams</b> <b>5/3/04</b> <b>877-8884</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

29073618



04272004 Chg-NP CR2E037 (10/03)

Applied For  
☒ Not Applicable