FILED
May 07, 2003 8:00 am
Secretary of State
05-07-2003 90157 043 ****70.00

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000008760

90131416

1. Entity Name
THE HOUSE OF JUDAH INC.

Principal Place of Business	Mailing Address
1320 LAKE AVE., APT. #302 TALLAHASSEE, FL 32301	1320 LAKE AVE., APT. #302 TALLAHASSEE, FL 32301

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
3461 SW 2nd Ave. Suite, Apt. #, etc. Apt. 133	P.O. Box 6414 Suite, Apt. #, etc.
City & State Gainesville, FL	City & State Tallahassee, FL
Zip 32607 Country	Zip 32314 Country

4. FEI Number 01-0557649 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, ORRANE 1320 LAKE AVE., APT. #302 TALLAHASSEE, FL 32301	Name Orrane Smith Street Address (P.O. Box Number is Not Acceptable) 3461 SW 2nd Ave, Apt. 133 City Gainesville FL Zip Code 32607

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 Orrane Smith Director/President 4/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when executing) 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: Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE D/VP Carlecia Collins 1942 Celtic Road Tallahassee, FL 32317	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE D/S Sarah Williams 410 Victory Garden Dr. Apt. 1 Tallhassee, FL 32301	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE D/T Alecia Collins 1942 Celtic Road Tallahassee, FL 32317	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: Sarah Williams Secretary 4/30/03 850-877-8384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #