

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90306 009 ****70.00

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04212005 Chg-NP CR2E037 (10/03)

DOCUMENT # N02000001133 1. Entity Name DEFENDER OF THE FAITH MINISTRIES UNORTHODOX MINISTRY OF YAHSHUA, INC.																																																																																																																													
Principal Place of Business 1960 EVERGREEN AVE. JACKSONVILLE, FL 32206			Mailing Address 615 QUAIL LN. MACCLENNY, FL 32063																																																																																																																										
2. Principal Place of Business <i>Defender of the Faith</i> Suite, Apt. #, etc. 1960 EVERGREEN AVE		3. Mailing Address SHENAVIAN F. GOODMAN Suite, Apt. #, etc. 615 QUAIL LN																																																																																																																											
City & State JAK FLA		City & State MACCLENNY FLA		4. FEI Number 59-3736238																																																																																																																									
Zip 32206		Country DOVAL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent MAC GLASHAN, AINSWORTH 1488 RED BIRD CREEK DR. JACKSONVILLE, FL 32221			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																										
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																									
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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: <i>Lester Lee Williams Jr</i> Lester Lee Williams Jr <i>4/24/05</i> <i>(904) 781-9283</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																													