


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000003035</b>	
1. Entity Name <b>THE TWELVE TRIBES OF JUDAH MINISTRIES INCORPORATION</b>	

Principal Place of Business 1431 PEG LANE ORLANDO, FL 32808	Mailing Address 1431 PEG LANE ORLANDO, FL 32808
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**DO NOT WRITE IN THIS SPACE**



05062004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>46-0475676</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**STAFFORD, DEBORAH B  
1431 PEG LANE  
ORLANDO, FL 32808**

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STAFFORD, DEBORAH B 1431 PEG LANE ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BELLAMY, DARSHAY 1431 PEG LANE ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FLOWERS, JOHN 4931 POLARIS ST ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, LA TONYA 5415 OLD OAK TREE DRIVE ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRINSON, VIVALONIA 3706 WEST JEFFERSON STREET ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLT, LEONARD D DR. 6501 VERNON STREET ORLANDO, FL 32808

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05/14/04-80001-008 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:** *Deborah B. Stafford* **5/1/04** **407-294-0013**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #