

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003035

FILED
Apr 29, 2005
Secretary of State

Entity Name: THE TWELVE TRIBES OF JUDAH MINISTRIES INCORPORATION

Current Principal Place of Business:

1431 PEG LANE
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

1431 PEG LANE
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 46-0475676

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STAFFORD, DEBORAH B
1431 PEG LANE
ORLANDO, FL 32808 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: STAFFORD, DEBORAH B
Address: 1431 PEG LANE
City-St-Zip: ORLANDO, FL 32808

Title: V () Delete
Name: BELLAMY, DARSHAY
Address: 1431 PEG LANE
City-St-Zip: ORLANDO, FL 32808

Title: T () Delete
Name: FLOWERS, JOHN
Address: 4931 POLARIS ST
City-St-Zip: ORLANDO, FL 32819

Title: S () Delete
Name: SMITH, LA TONYA
Address: 5415 OLD OAK TREE DRIVE
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: BRINSON, VIVALONIA
Address: 3706 WEST JEFFERSON STREET
City-St-Zip: ORLANDO, FL 32805

Title: D () Delete
Name: HOLT, LEONARD D DR.
Address: 6501 VERNON STREET
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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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 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 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: DEBORAH B STAFFORD

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date