


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2006 08:00 A
Secretary of State

DOCUMENT # N02000003035 1. Entity Name THE TWELVE TRIBES OF JUDAH MINISTRIES INCORPORATION	
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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



05012006 No Chg-NP CR2E037 (4/06)

4. FEI Number 46-0475676	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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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IN THIS SPACE**

000000583900
05/20/06-80033-001 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 5/1/06 321-695-8113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #