2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004
Secretary of State

DOCUMENT# N02000003120

Entity Name: TRIBE OF JUDAH MINISTRIES, INC.

Current Principal Place of Business:

8255 CHARRINGTON FOREST BLVD.
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

POST OFFFICE BOX 13643
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 55-0793031 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, SYLVIA A
8255 CHARRINGTON FOREST BLVD.
TALLAHASSEE, FL 32312

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:	D	( ) Delete
Name:	THOMAS, GARRY	
Address:	8255 CHARRINGTON FOREST BLVD.	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	D	( ) Delete
Name:	THOMAS, SYLVIA	
Address:	8255 CHARRINGTON FOREST BLVD.	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	D	( ) Delete
Name:	KIRKSEY, OTIS DR.	
Address:	2312 SAN PEDRO AVENUE	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	D	( ) Delete
Name:	KIRKSEY, KAREN DR.	
Address:	2312 SAN PEDRO AVENUE	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	CD	( ) Delete
Name:	THOMAS, SYLVIA A	
Address:	8255 CHARRINGTON FOREST BLVD	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	PD	( ) Delete
Name:	THOMAS, GARRY	
Address:	8255 CHARRINGTON FOREST BLVD	
City-St-Zip:	TALLAHASSEE, FL 32312	

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
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
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: SYLVIA A. THOMAS CD 03/15/2004

Electronic Signature of Signing Officer or Director — Date