2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006
Secretary of State

DOCUMENT# N02000003120

Entity Name: TRIBE OF JUDAH MINISTRIES, INC.

Current Principal Place of Business:

1325 MAHAN DRIVE SUITE 2
TALLAHASSEE, FL 32311

New Principal Place of Business:

3233 APPLETON DR.
TALLAHASSEE, FL 32311

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
3233 APPLETON DRIVE
TALLAHASSEE, FL 32311 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: D ( ) Delete
Name: THOMAS, SYLVIA A
Address: 3233 APPLETON DR.
City-St-Zip: TALLAHASSEE, FL 32311

Title: D ( ) Delete
Name: LATOYA, LANIER T DR
Address: 8255 CHARRINGTON FOREST BLVD.
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete
Name: MECHEL, LANIER R DR
Address: 2101 RIDGE BROOK TRAIL
City-St-Zip: DULUTH, GA 30096

Title: CD (X) Delete
Name: THOMAS, SYLVIA A
Address: 8255 CHARRINGTON FOREST BLVD
City-St-Zip: TALLAHASSEE, FL 32312

Title: PD (X) Delete
Name: LATOYA, LANIER
Address: 8255 CHARRINGTON FOREST BLVD
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition
Name: THOMAS, SYLVIA A
Address: 3233 APPLETON DR.
City-St-Zip: TALLAHASSEE, FL 32311

Title: PD (X) Change ( ) Addition
Name: LATOYA, LANIER T DR
Address: 8255 CHARRINGTON FOREST BLVD.
City-St-Zip: TALLAHASSEE, FL 32312

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 Chapter 119, 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 04/11/2006
Electronic Signature of Signing Officer or Director — Date