

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003120

FILED  
Apr 11, 2007  
Secretary of State

**Entity Name:** TRIBE OF JUDAH MINISTRIES, INC.

**Current Principal Place of Business:**

3233 APPLETON DR.  
TALLAHASSEE, FL 32311

**New Principal Place of Business:**

**Current Mailing Address:**

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

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

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

**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:

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

04/11/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date