## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0400000688

FILED Sep 13, 2007 Secretary of State

Entity Name: JUDAH CHRISTIAN MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 361251 645 CAIMAN STREET

MELBOURNE, FL 32936 SATELLITE BEACH, FL 32937

Current Mailing Address: New Mailing Address:

P.O. BOX 361251 MELBOURNE, FL 32936

FEI Number: 37-1482924 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RANDALL, MARSHALL B 645 CAIMAN STREET

SATELLITE BEACH, FL 32937 US

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

Name:RANDALL, MARSHALL B IIIName:RANDALL, MARSHALL B IIIAddress:645 CAIMAN STREETAddress:645 CAIMAN STREETCity-St-Zip:SATELLITE BEACH, FL 32937City-St-Zip:SATELLITE BEACH, FL 32937

Title: VSD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 RANDALL, IMOGENE M
 Name:

 Address:
 645 CAIMAN STREET
 Address:

 City-St-Zip:
 SATELLITE BEACH, FL 32937
 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

 Name:
 RANDALL, RUTH
 Name:

 Address:
 645 CAIMAN STREET
 Address:

 City-St-Zip:
 SATELLITE BEACH, FL 32937
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARSHALL B. RANDALL PD 09/13/2007