FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N31077 (3)

1. Corporation Name

THE HOUSE OF JUDAH MINISTRIES, THE CHURCH OF THE LIVING GOD, INC.

Principal Place of Business	Mailing Address
~~16TH WAY~~ 7609 E 16 ST ~~SARASOTA FL 34234-7436~~ ~~US~~ TALLAVAST, FLA 34270	1362 25TH STREET SARASOTA FL 34234-7436 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/09/1989
3a. Date of Last Report: 04/14/1994
4. FEI Number: 65-0223845 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 7609 E 16 ST	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 TALLAVAST, FLA	City & State 28
Zip / Country 24 34270 / 25 MANATEE	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

THOMAS, ROSENA
1362 25TH STREET
SARASOTA FL 34234-4436

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS, ROSENA	1.2 NAME	
STREET ADDRESS	1362 25TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	WINGFIELD, ELLA LOUISE	2.2 NAME	
STREET ADDRESS	PO BOX 122, NA	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAVAST FL Deceased	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	WARD, NATHANIEL	3.2 NAME	
STREET ADDRESS	PO BOX 122, NA	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAVAST FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	SALEM, ELAINE	4.2 NAME	
STREET ADDRESS	2813 PERSHING	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	SALEM, HENRY	5.2 NAME	
STREET ADDRESS	2813 PERSHING	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	☐ Change ☐ Addition
NAME	PERRY, RUBY	6.2 NAME	
STREET ADDRESS	3510 CARMICHAEL	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rosena Thomas April 21, 95 3665994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000431