

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N93000000037

FILED
May 02, 2002 8:00 AM
Secretary of State

Entity Name: ELOHIM JUDAH MINISTRIES, INC

Current Principal Place of Business:

1111 PAMELA ST
LEESBURG, FL 34748 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3388
BELLEVIEW, FL 34421 US

New Mailing Address:

FEI Number: 65-0381386

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, LINDA D DR
8098 JUNIPER ROAD
OCALA, FL 34480 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: VTSM () Delete
Name: BROWN, MAXINE
Address: 8098 JUPITER RD
City-St-Zip: OCALA, FL 34480

Title: T () Delete
Name: LITTLE, MAELEAN
Address: 908 LILLIE ST
City-St-Zip: LEESBURG, FL 34748

Title: TC () Delete
Name: LITTLE, JAMES
Address: 908 LITTLE STREET
City-St-Zip: LEESBURG, FL 34748

Title: T () Delete
Name: WILLIAMS, COREY J
Address: 14345 SE 41ST TERR
City-St-Zip: SUMMERFIELD, FL 34491

Title: PD () Delete
Name: WILLIAMS, LINDA D
Address: 8098 JUNIPER ROAD
City-St-Zip: OCALA, FL 34480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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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: MAXINE Y. BROWN

SEC

05/02/2002

Electronic Signature of Signing Officer or Director

Date