

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N93000000037

FILED  
Apr 17, 2003  
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: VTSM (X) Change ( ) Addition  
Name: BROWN, MAXINE  
Address: 8098 JUNIPER ROAD  
City-St-Zip: OCALA, FL 34480

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

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 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 BROWN

SEC

04/17/2003

Electronic Signature of Signing Officer or Director

Date