

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N94000002135 (1)

1. Corporation Name
SALVATION AND PRAISE MINISTRY (JUDAH), INC.



Principal Place of Business Mailing Address

RT. 2, BOX 279 ALACHUA FL 32615 RT. 2, BOX 279 ALACHUA FL 32615-9651

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	11902 West State Road 235	26	11902 West State Road 235	04/27/1994	03/04/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
				59-3247997	Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Alachua, FL	28	Alachua, FL	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	30
32615	USA	32615	USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
HUGHES, CLEMENTENE RT. 2, BOX 279 ALACHUA FL 32615		81	Name Hughes, Clementene		
		82	Street Address (P.O. Box Number is Not Acceptable) 11902 West State Road 235		
		83			
		84	City	FL	85 Zip Code
			Alachua		32615

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	T
NAME	HUGHES, LOUIS	1.2 NAME	Hughes, Louis
STREET ADDRESS	RT. 2, BOX 279	1.3 STREET ADDRESS	11902 West state Road 235
CITY - ST - ZIP	ALACHUA FL 32615	1.4 CITY - ST - ZIP	Alachua, FL 32615
TITLE	ST	2.1 TITLE	
NAME	CRUM, LEVENIA	2.2 NAME	
STREET ADDRESS	1924 NW 33RD AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL 32606	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	T
NAME	WILSON, UCLEE	3.2 NAME	Wilson, Ucllee
STREET ADDRESS	220 NE 15TH ST.	3.3 STREET ADDRESS	11907 West state Road 235
CITY - ST - ZIP	GAINESVILLE FL 32601	3.4 CITY - ST - ZIP	Alachua, FL 32615
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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: Ucllee Wilson DATE: 3-24-97 PHONE: 904-418-2076

CR2E037 (9/96)