FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

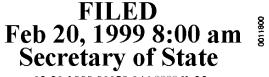
Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # N9400002135

SALVATION AND PRAISE MINISTRY (JUDAH), INC.



02-20-1999 90078 044 ****61.25

| Principal Place of Business Mailing Address | | | | | | | | |
|---|---|-------------|-----------------------------|---------------------------------------|---|---|-----------------|---|
| 11902 W STATE RD 235 | | | 902 W STATE RD 235 | | | | . | |
| ALACHUA FL 32615 | | | ALACHUA FL 32615 | | | | | |
| us | | U | S | | | I (BB)() Bt Bis (Bitt Statt Saut saut) sarri | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | | | | | | | | |
| | | 1 25 | 14-11- A Adama | | .,,, | 3. Date Incorporated or Qualifed | | |
| ·— | ace of Business | \vdash | Mailing Address | | | 04/27/1994 | | |
| 21 | | 26 | Cuite Ant H ata | | | 4. FEI Number | I An | plied For |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 59-3247997 | | t Applicable |
| 22 | | | City & State | | | | \$8.75 A | |
| City & State | | | ├ - | | | 5. Certificate of Status Desired | Fee Re | |
| 23 Zin | Country | 28 | Zip | Country | ,,,,,, | 6. Election Campaign Financing | \$5.00 | May Bo |
| Zip | | | , | Trust Fund Contribution Added to Fees | | | | |
| 24 | 9. Name and Address of Curre | 29 | | <u> </u> | | 10. Name and Address of New Registere | | |
| | 3. Maine and Address of Corre | nit Negis | itered Agent | 81 | Name | | | |
| | OLEHENTENE | | | | | | | |
| HUGHES, CLEMENTENE | | | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | ļ | |
| 11902 W STATE RD 235 | | | | 83 | | | | |
| ALACHUA | FL 32615 | | | " | | | | |
| | | | | 84 | City | | 85 Zip C | Code |
| | | .00 1 0 | 47 4500 Flacida Otabida | the above | no nomed com | poration submits this statement for the purpose | of changing its | registered |
| l office or ri | enistered agent or both in the State | e of Florid | ia. Such change was autr | ionzea by | the corporation | on's board of directors. I hereby accept the ap | ointment as reg | gistered |
| agent. I a | m familiar with, and accept the oblig | ations of | , Section 617.0503, Florida | a Statutes | S. | | | |
| SIGNATURE | | | | | | od when reinstating) DATE | | \ |
| 42 | Signature, typed or printed name of registered ag | | | gistered Age | nt signature require | ad when reinstating) ADDITIONS/CHANGES TO OFFICERS | AND DIRECTO | RS IN 12 |
| 12. | OFFICERS A | אוט טואנ | DELETE | 1.1 TITLE | | 7.2511101107011111111111111111111111111111 | Change | ☐ Addition |
| TITLE | t Hughes, Louis | | | 1.2 NAME | | | _ , | |
| NAME | 11902 W STATE RD 235 | | | | | | | - |
| STREET ADDRESS | | | | | TADDRESS | | | |
| CITY-ST-ZIP | ALACHUA FL | | □ DELETE | 1.4 CITY-S | ST-ZIP | | Change | Addition |
| TITLE | ST | | □ Acrese | 2.1 TITLE | | | | |
| NAME. | CRUM, LEVENIA | | | 2.2 NAME | | | , | |
| STREET ADDRESS | 1924 NW 33RD AVE. | | | | TADDRESS | | | |
| CITY-ST-ZIP | GAINESVILLE FL 32606 | | | 2.4 CITY- | ST-ZIP | | Change | Addition |
| TITLE | T | | ☐ DELETE | 3.1 TITLE | | | Olizilge | Addition |
| NAME | WILSON, UCLEE | | | 3.2 NAME | | | | |
| STREET ADDRESS | 11907 W STATE RD 235 | | | 3.3 STREE | T ADDRESS | | | |
| CITY-ST-ZIP | ALACHUA FL | | | 3.4. CITY- | ST-ZIP | | | Addition |
| TITLE | | | ☐ DELETE | 4.1 TITLE | | | Change | Addition |
| NAME | | | | 4. 2 NAME | | • | | |
| STREET ADDRESS | | | | 4.3 STREE | T ADDRESS | | | |
| CITY-ST-ZIP | | | | 4.4 CITY-5 | ST-ZIP | | | |
| TITLE | | | ☐ DELETE | 5.1 TITLE | 1 | | Change | Addition |
| NAME | | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | • | 5.3 STREE | TADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-5 | ST-ZIP | 4.50 | | |
| TITLE | | | ☐ DELETE | 6.1 TITLE | | | ☐ Change | Addition |
| NAME | | | | 6.2 NAME | | | | |
| PERCET ADDRESS | | | | 6.3 STREE | T ADDRESS | | | |

14. I 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, with all other like empowered.

SIGNATURE: Luveus 15.0.1.3.4.

6.4 CITY-ST-ZIP

STREET ADDRESS