

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002135

1. Entity Name

SALVATION AND PRAISE MINISTRY (JUDAH), INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90038 020 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

11902 W STATE RD 235
 ALACHUA FL 32615
 US

11902 W STATE RD 235
 ALACHUA FL 32615-4950
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3247997

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUGHES, CLEMENTENE
 11902 W STATE RD 235
 ALACHUA FL 32615

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T Delete
 NAME HUGHES, LOUIS
 STREET ADDRESS 11902 W STATE RD 235
 CITY-ST-ZIP ALACHUA FL

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

ST Delete
 NAME CRUM, LEVENIA
 STREET ADDRESS 1924 NW 33RD AVE.
 CITY-ST-ZIP GAINESVILLE FL 32606

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

T Delete
 NAME WILSON, UCLEE
 STREET ADDRESS 11907 W STATE RD 235
 CITY-ST-ZIP ALACHUA FL

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: Uclee Wilson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-00 (904) 418-2076
 Date Daytime Phone #

CR2E037 (9/99)