


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000002135
1. Entity Name
SALVATION AND PRAISE MINISTRY (JUDAH), INC.



Principal Place of Business 11902 W STATE RD 235 ALACHUA, FL 32615 US	Mailing Address 11902 W STATE RD 235 ALACHUA, FL 32615 US
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DO NOT WRITE IN THIS SPACE



03032004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3247997	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HUGHES, CLEMENTENE
11902 W STATE RD 235
ALACHUA, FL 32615

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUGHES, LOUIS 11902 W STATE RD 235 ALACHUA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HUGHES, CLEMENTINE 11902 W STATE RD 235 ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILSON, UCLEE 11907 W STATE RD 235 ALACHUA, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/09/04-80021-015 61.25

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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 all other like empowered.

SIGNATURE: Uclee Wilson Uclee Wilson **3-7-04 (386) 418-2076**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Payscale Range #