


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 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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01242005 No Chg-NP CR2E037 (10/03)
 4. FEI Number: 59-3247997 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

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

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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 applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

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

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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* 2-20-05 3864182076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #