

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 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



02012006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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, 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 title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

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	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/07/06-80010-006 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 817, 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 2-19-06 386-418-2076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #