


FILED
Mar 26, 2007 08:00 AM
Secretary of State

**2007 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

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



03082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3247997	Applied For <input type="checkbox"/> 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**

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, 2007**

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
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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 04/03/07 190055-025-61-25

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 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 3-21-07 386-418-7076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #