


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 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**

01312008 No Chg-NP CR2E037 (4/06)

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, 2008**

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	

U00000836245  
 03/04/08-80009-004 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 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* 2-17-08 386 418-2076

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #