

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 24, 2009  
Secretary of State**

DOCUMENT# N94000002135

Entity Name: SALVATION AND PRAISE MINISTRY (JUDAH), INC.

**Current Principal Place of Business:**

11902 W STATE RD 235  
ALACHUA, FL 32615 US

**New Principal Place of Business:**

**Current Mailing Address:**

11902 W STATE RD 235  
ALACHUA, FL 32615 US

**New Mailing Address:**

FEI Number: 59-3247997      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HUGHES, CLEMENTENE  
11902 W STATE RD 235  
ALACHUA, FL 32615 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: HUGHES, LOUIS  
Address: 11902 W STATE RD 235  
City-St-Zip: ALACHUA, FL

Title: PST ( ) Delete  
Name: HUGHES, CLEMENTINE  
Address: 11902 W STATE RD 235  
City-St-Zip: ALACHUA, FL 32615

Title: T ( ) Delete  
Name: WILSON, UCLEE  
Address: 11907 W STATE RD 235  
City-St-Zip: ALACHUA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PST (X) Change ( ) Addition  
Name: HUGHES, CLEMENTENE  
Address: 11902 W STATE RD 235  
City-St-Zip: ALACHUA, FL 32615

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: UCLEE WILSON

T

02/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date