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Jul 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005465 (8)**

1. Corporation Name

LION OF JUDAH WORLD OUTREACH, INC.



Principal Place of Business 358 RALEIGH ROAD JACKSONVILLE FL 32225	Mailing Address POST OFFICE BOX 11181 JACKSONVILLE FL 32239-1181
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/15/1995	3a. Date of Last Report 06/17/1996
				4. FEI Number 59-3343634	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GONZALEZ DEL VALLE, JUAN C 358 RALEIGH ROAD JACKSONVILLE FL 32225		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	GONZALEZ DEL VALLE, JUAN C <input type="checkbox"/> DELETE	1.1 TITLE Ms. JANE Hillman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME 358 RALEIGH ROAD		1.2 NAME 7901 S. Sheridan Suite C.	
STREET ADDRESS JACKSONVILLE FL 32225		1.3 STREET ADDRESS TULSA, OK 74133	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE D	GONZALEZ DEL VALLE, KIMBERLY M <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 358 RALEIGH ROAD		2.2 NAME	
STREET ADDRESS JACKSONVILLE FL 32225		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE D	ZINK, PAUL <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 10711 E. RAYBURN DRIVE	(Change Address)	3.2 NAME	
STREET ADDRESS CONROE TX 77301	2701 Hodges Blvd.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	3.4 CITY-ST-ZIP	
TITLE D	LUCE, RONALD A <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME POST OFFICE BOX 700721	(Change Address)	4.2 NAME	
STREET ADDRESS TULSA OK 74170	17455 County Rd. 4174 E.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LINDALE, TX 75771	4.4 CITY-ST-ZIP	
TITLE D	SIMONIC, NICHOLAS T <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 8280-5 PRINCETON SQUARE BLVD.		5.2 NAME	
STREET ADDRESS JACKSONVILLE FL 32256		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE D	DAVIS, JERRY <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 10711 EAST RAYBURN DR.		6.2 NAME	
STREET ADDRESS CONROE TX 77301-6224		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

Kimberly M. Hillman

5-20-97

914-523-3811

CR2E037 (9/96)