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Jul 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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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3. Date Incorporated or Qualified 11/15/1995	
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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

9. Name and Address of Current Registered Agent GONZALEZ DEL VALLE, JUAN C 358 RALEIGH ROAD JACKSONVILLE FL 32225	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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	
TITLE	<input type="checkbox"/> DELETE
NAME	D - President
STREET ADDRESS	GONZALEZ DEL VALLE, JUAN C
CITY-ST-ZIP	358 RALEIGH ROAD JACKSONVILLE FL 32225
TITLE	<input type="checkbox"/> DELETE
NAME	D Vice Pres./Secretary
STREET ADDRESS	GONZALEZ DEL VALLE, KIMBERLY M
CITY-ST-ZIP	358 RALEIGH ROAD JACKSONVILLE FL 32225
TITLE	<input type="checkbox"/> DELETE
NAME	D Officer
STREET ADDRESS	ZINK, PAUL
CITY-ST-ZIP	2701 HODGES BLVD JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	D Officer
STREET ADDRESS	LUCE, RONALD A
CITY-ST-ZIP	17455 COUNTRY RD 4174 E UNDALE TX
TITLE	<input type="checkbox"/> DELETE
NAME	D Treasurer
STREET ADDRESS	SIMONIC, NICHOLAS T
CITY-ST-ZIP	8280-5 PRINCETON SQUARE BLVD. JACKSONVILLE FL 32256
TITLE	<input type="checkbox"/> DELETE
NAME	D Officer
STREET ADDRESS	DAVIS, JERRY
CITY-ST-ZIP	18711 EAST RAYBURN DR. CONROE TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JANE D. HILLMAN
1.3 STREET ADDRESS	8145 S. 77th Ave. E. #202
1.4 CITY-ST-ZIP	TULSA, OK 74133 - Chairman
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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. Gonzales* 10-18-98 95000005465

CR2E037 (10/97)