

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005465

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3343634

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ DEL VALLE, JUAN C
358 RALEIGH ROAD
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE C
NAME HILLMAN, JANE
STREET ADDRESS 8145 S 77TH AVENUE EAST #202
CITY-ST-ZIP TULSA OK 74133 ☐ Delete

TITLE DVPS
NAME GONZALEZ DEL VALLE, KIMBERLY M
STREET ADDRESS 358 RALEIGH ROAD
CITY-ST-ZIP JACKSONVILLE FL 32225 ☐ Delete

TITLE DO
NAME ZINK, PAUL
STREET ADDRESS 2701 HODGES BLVD
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE DO
NAME LUCE, RONALD A
STREET ADDRESS 17455 COUNTRY RD 4174 E
CITY-ST-ZIP LINDALE TX ☐ Delete

TITLE DT
NAME SIMONIC, NICHOLAS T
STREET ADDRESS 8280-5 PRINCETON SQUARE BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Delete

TITLE DO
NAME DAVIS, JERRY
STREET ADDRESS 16711 EAST RAYBURN DR.
CITY-ST-ZIP CONROE TX ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

Signature REQUIRED

7/13/01 904-724-7721

FILED
Jul 19, 2001 8:00 am
Secretary of State

07-19-2001 90001 015 ****61.25



DO NOT WRITE IN THIS SPACE

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