

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N95000005465**

1. Entity Name

**LION OF JUDAH WORLD OUTREACH, INC.****FILED****May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91539 001 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**358 RALEIGH ROAD  
JACKSONVILLE FL 32225****POST OFFICE BOX 11181  
JACKSONVILLE FL 32239-1181****868292**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-3343634**

Applied For

Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input type="checkbox"/> Delete
NAME	HILLMAN, JANE	
STREET ADDRESS	8145 S 77TH AVENUE EAST #202	
CITY-ST-ZIP	TULSA OK 74133	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DVPS	<input type="checkbox"/> Delete
NAME	GONZALEZ DEL VALLE, KIMBERLY M	
STREET ADDRESS	358 RALEIGH ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32225	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DO	<input type="checkbox"/> Delete
NAME	ZINK, PAUL	
STREET ADDRESS	2701 HODGES BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DO	<input type="checkbox"/> Delete
NAME	LUCE, RONALD A	
STREET ADDRESS	17455 COUNTRY RD 4174 E	
CITY-ST-ZIP	LINDALE TX	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DT	<input type="checkbox"/> Delete
NAME	SIMONIC, NICHOLAS T	
STREET ADDRESS	8280-5 PRINCETON SQUARE BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32256	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DO	<input type="checkbox"/> Delete
NAME	DAVIS, JERRY	
STREET ADDRESS	16711 EAST RAYBURN DR.	
CITY-ST-ZIP	CONROE TX	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**Kimberly M. O'Connell**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5/15/02 904-268-4968**

CR2E037 (9/01)