

2004-NOT-FOR-PROFIT-CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90751 042 ****61.25

DOCUMENT # N95000005465 1. Entity Name LION OF JUDAH WORLD OUTREACH, INC.			
Principal Place of Business 11530 SAN JOSE BLVD JACKSONVILLE, FL 32223		Mailing Address POST OFFICE BOX 11181 JACKSONVILLE, FL 32239-1181	
2. Principal Place of Business 11570 San Jose Blvd Suite, Apt. #, etc. 11		3. Mailing Address 11570 San Jose Blvd Suite, Apt. #, etc. 11	
City & State Jacksonville, FL Zip 32223 Country		City & State Jacksonville, FL Zip 32223 Country	
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. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HILLMAN, JANE 8145 S 77TH AVENUE EAST #202 TULSA, OK 74133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS GONZALEZ DEL VALLE, KIMBERLY M 358 RALEIGH ROAD JACKSONVILLE, FL 32225	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO ZINK, PAUL 2701 HODGES BLVD JACKSONVILLE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO LUCE, RONALD A 17455 COUNTRY RD 4174 E LINDALE, TX	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SIMONIC, NICHOLAS T 8280-5 PRINCETON SQUARE BLVD. JACKSONVILLE, FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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: <i>Liberio M. Del Valle</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
4-29-04		9042684968	