

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 22, 2007
Secretary of State**

DOCUMENT# N97000004530

Entity Name: LION OF JUDAH MISSIONS, INC.

Current Principal Place of Business:

27749 QUAIL VIEW LANE
WESLEY CHAPEL, FL 33544

New Principal Place of Business:

Current Mailing Address:

27749 QUAIL VIEW LANE
WESLEY CHAPEL, FL 33544

New Mailing Address:

FEI Number: 58-2382776 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUSTED, MAUREEN S
27749 QUAIL VIEW LANE
WESLEY CHAPEL, FL 33544 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HUSTED, MAUREEN S
Address: 27749 QUAIL VIEW LANE
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: D () Delete
Name: CRAVER, WILLIAM J
Address: 7023 MARINE DR
City-St-Zip: TAMPA, FL 33619

Title: D () Delete
Name: HUSTED, MICHAEL S
Address: 27749 QUAIL VIEW LANE
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: D () Delete
Name: THOMPSON, EDWARD G
Address: 36620 JUDEE DRIVE
City-St-Zip: ZEPHYRHILLS, FL 33541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAUREEN HUSTED

D

04/22/2007

Electronic Signature of Signing Officer or Director

_____ Date