

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003124

Entity Name: JUDAH CHRISTIAN CENTER, INC.**Current Principal Place of Business:**10960 ORANGE RIVER BOULEVARD
FORT MYERS, FL 33905**Current Mailing Address:**10960 ORANGE RIVER BLVD
FORT MYERS, FL 33905 US**FEI Number:** 03-0429906**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARLOWE, DEVIN
10960 ORANGE RIVER BLVD.
FORT MYERS, FL 33905 US*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**Officer/Director Detail :**

Title	PRESIDENT
Name	MARLOWE, DEVIN
Address	405 SW 43RD STREET
City-State-Zip:	CAPE CORAL FL 33914

Title	TREASURER
Name	CAMPBELL, KEVIN L
Address	10791 ORANGE RIVER BLVD
City-State-Zip:	FORT MYERS FL 33905

Title	DIRECTOR
Name	FRANEY, TOM
Address	5356 COUNTRYFIELD CIR.
City-State-Zip:	FT MYERS FL 33905

Title	DIRECTOR
Name	MARLOWE, SR., JACK
Address	242 SW 34TH ST.
City-State-Zip:	CAPE CORAL FL 33914

Title	SECRETARY
Name	ALLEN, MICHAEL
Address	4051 SKATES CIR.
City-State-Zip:	FT MYERS FL 33905

I hereby 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 all other like empowered.

SIGNATURE: DEVIN MARLOWE**PRESIDENT****04/21/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date