2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

6/5/2007-90012-009-$61.25-$61.25

FILED

07 JUN 27 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000004766

1. Entity Name
INTERNATIONAL FEDERATION OF MESSIANIC JEWS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 271708 ODESSA, FL 33688	P.O. BOX 271708 ODESSA, FL 33688

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1102007 Chg-NP CR2E037 (12/06)

4. FEI Number ☑ Applied For ☐ Not Applicable

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
LEVI, RACHELLE 8609 BETH COURT ODESSA, FL 33556	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P QUINN, GEORGE 1401 SO. VINTON ROAD ANTHONY, NM 88021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BACON, DENNIS 1609 10TH AVE. W. BRADENTON, FL. 34205	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LEVI, RACHELLE 8609 BETH COURT ODESSA, FL 33556	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TORRES, JUAN 15477 OAKCREST CIRCLE SPRING HILL, FL. 34604	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C LEVI, WILLIAM H 24637 SILVERSMITH DR LUTZ, FL. 33559	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Rachelle S. Levi RACHELLE S. LEVI 2/20/07 813-920-0864
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

807A00040391