## FILE NOW: FILING FEE 18 \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # N34682** 

BETH JUDAH MESSIANIC CONGREGATION INCORPORATED

Mailing Address Principal Place of Business P O BOX 730011 O BOX 730011 ORMOND BEACH FL 32173-0011 DRIMOND BEACH FL 32173 3. Date Incorporated or Qualified 3a. Date of Last Report 10/12/1989 01/24/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-2927723 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite. Apt. #, etc. П 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Country 8. This corporation has liability for intangible tax under s. 199.032,  $Z_{10}$ Zit Yes No Florida Statutes 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RICHARDS, DENNIS Street Address (P.O. Box Number is Not Acceptable) **26 FOREST VIEW WAY** 83 **ORMOND BEACH FL 32174** Zip Code **R4** 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the Sate of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of Section 617.0503, Florida Statutes. (NOTE: Registered Agent aignature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Treasurer Change Change ■ Addition DELETE 11 TITLE THEF Harry Berger 6122 Del RioDri BARRY BRUMER 1.2 NAME NAME 428 NO. RIVERSIDE DR. 1.3 STREET ADDRESS STREET ADDRESS Part Orange, FL 32127 **EDGEWATR FL** 14 CITY-ST-ZIP CITY ST 28 Shoshamm Devorrh 1573 HAN GOR LA. Change Addition DELETE 21 TITLE TILLE SHOSHANA LAVENDER 2.2 NAME NAME 10 WINDSAIL CIR. 2.3 STREET ADDRESS STREET ADDRESS HALLY HILL, FL 3211 ORMOND BEACH FL 2. 4 CITY - ST - ZIP CHY-ST ZIP Addition ☐ DELETE 3 1 71716 THE BERGER, HARRY 3.2 NAME NAME 6122 DEL RIO DR 3.3 STREET ADDRESS STREET ADDRESS FORT ORANGE FL 3.4. CITY-ST-ZIP DITY-ST-7IP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-7IP CITY - ST- ZIP Change Addition DELETE 51 TITLE THILE NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - 7IP CITY-ST ZIF Change Addition DELETE 6.1 TITLE THLE MAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST - 7IP

SIGNATURE

Whaleast

14. I do hereby certily 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 annual report or supplemental annual 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 13 if changed, or on an applichment with an address.

Daytime Phone 0003276

FILED

Jan 31 1997 8:00am

Secretary of State