

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90062 023 ****61.25

DOCUMENT # N34682
 1. Entity Name
BETH JUDAH MESSIANIC CONGREGATION INCORPORATED

Principal Place of Business 3217 STATE ROAD 40 ORMOND BEACH FL 32174	Mailing Address 3217 STATE ROAD 40 ORMOND BEACH FL 32174
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2927723	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
LONDON, SHELDON
357 APACHE TRAIL
ORMOND BEACH FL 32174

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS	
T NAME: HERVISKA, JEAN STREET ADDRESS: 265 SHADY LANE TRAIL CITY-ST-ZIP: DELAND FL 32724	<input type="checkbox"/> Delete
PD NAME: LONDON, SHELDON STREET ADDRESS: 357 APACHE TRAIL CITY-ST-ZIP: ORMOND BEACH FL 32174	<input checked="" type="checkbox"/> Delete
D NAME: FILO, MARGARET STREET ADDRESS: 160 B16 TREE RD #1301 CITY-ST-ZIP: DAYTONA BEACH FL 32119	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
PD NAME: Keith Ginsburg STREET ADDRESS: 913 Woodmere Cir CITY-ST-ZIP: Ormond Beach FL 32174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D NAME: Dexter Perry STREET ADDRESS: 61 Rivers Edge Lane CITY-ST-ZIP: Palm Coast FL 32137	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D NAME: Paul Dier STREET ADDRESS: 122 Forest Lake Blvd CITY-ST-ZIP: Daytona Bch FL 32119	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *x Jerry Milk* **2/27/2001** **(904) 672-8443**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)