

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90038 020 ****61.25

DOCUMENT # N34682

1. Entity Name

BETH JUDAH MESSIANIC CONGREGATION INCORPORATED

Principal Place of Business

Mailing Address

**3217 STATE ROAD 40
 ORMOND BEACH FL 32174**

**3217 STATE ROAD 40
 ORMOND BEACH FL 32174**

927681



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2927723

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LONDON, SHELDON
 357 APACHE TRAIL
 ORMOND BEACH FL 32174**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T Delete
 NAME **HERVISKA, JEAN**
 STREET ADDRESS **265 SHADY LANE TRAIL**
 CITY-ST-ZIP **DELAND FL 32724**

D Change Addition
 NAME **WILLIAM WYATT**
 STREET ADDRESS **150 FORRESTER PL**
 CITY-ST-ZIP **PALM COAST FL 32137**

D Delete
 NAME **FILO, MARGARET**
 STREET ADDRESS **160 B16 TREE RD #1301**
 CITY-ST-ZIP **DAYTONA BEACH FL 32119**

D Change Addition
 NAME **DAVID ZAGKA**
 STREET ADDRESS **10 PARKVIEW LANE**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

PD Delete
 NAME **GINSBURG, KEITH**
 STREET ADDRESS **913 WOODMERE CIR**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

RABBI Change Addition
 NAME **JERRY MILLER**
 STREET ADDRESS **122 HORSESHOE TR**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

D Delete
 NAME **PERRY, DEXTER**
 STREET ADDRESS **61 RIVERS EDGE LANE**
 CITY-ST-ZIP **PALM COAST FL 32137**

D Change Addition
 NAME **DAN SINGER**
 STREET ADDRESS **1317 LEMON ST**
 CITY-ST-ZIP **DELAND FL 32720**

D Delete
 NAME **DIER, PAUL**
 STREET ADDRESS **122 FOREST LAKE BLVD**
 CITY-ST-ZIP **DAYTONA BEACH FL 32119**

Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Jerry Miller **Jerry Miller - Rabbi** 2/4/02 (386)672-8443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)