


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90211 004 ****61.25

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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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2927723	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MILLER, JERRY 3217 S.R. 40 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D	<input type="checkbox"/> Delete	TITLE	George Vuckovich	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WYATT, WILLIAM		NAME	4104 Piute Lane	
STREET ADDRESS	150 FORRESTER PL		STREET ADDRESS	Ormond Beach FL 32174	
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKINNEY, DOUG		NAME		
STREET ADDRESS	1906 CAROLINA AVE		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GINSBURG, KEITH		NAME		
STREET ADDRESS	913 WOODMERE CIR		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DWARIKA, ROBERT		NAME		
STREET ADDRESS	5932 PARK RIDGE CIR		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE, FL 32127		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDFORD, AUDREY		NAME		
STREET ADDRESS	541 GREEN SPRING CIR		STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS, FL 32708		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Jerry Miller</i>		JERRY MILLER		2/28/08 386-672-8443	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	