

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Jun 03, 2003 8:00 am
Secretary of State

57

05-02-2003 90717 038 ****61.25

DOCUMENT # N34682

1. Entity Name
BETH JUDAH MESSIANIC CONGREGATION INCORPORATED



Principal Place of Business Mailing Address
3217 STATE ROAD 40 **3217 STATE ROAD 40**
ORMOND BEACH FL 32174 **ORMOND BEACH FL 32174**

55045372



CHECK HERE IF MAKING CHANGES

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
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

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	WYATT, WILLIAM
STREET ADDRESS	150 FORRESTER PL
CITY-ST-ZIP	PALM COAST FL 32137
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	ZABKA, DAVID
STREET ADDRESS	10 PARKVIEW LN
CITY-ST-ZIP	ORMOND BEACH FL 32174
TITLE	PO <input type="checkbox"/> Delete
NAME	GINSBURG, KEITH
STREET ADDRESS	913 WOODMERE CIR
CITY-ST-ZIP	ORMOND BEACH FL 32174
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	PERRY, DEXTER
STREET ADDRESS	61 RIVERS EDGE LANE
CITY-ST-ZIP	PALM COAST FL 32137
TITLE	R <input type="checkbox"/> Delete
NAME	MILLER, JERRY
STREET ADDRESS	122 HORSESHOE TR
CITY-ST-ZIP	ORMOND BEACH FL 32174
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	SINGER, DAN
STREET ADDRESS	1317 LEMON STREET
CITY-ST-ZIP	DELAND FL 32720

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN JO

TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ragen Peter
STREET ADDRESS	8834 S Bruce Creek Wood Dr
CITY-ST-ZIP	Port Orange FL 32125
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ed Jennings
STREET ADDRESS	2274 Moonstone Ave
CITY-ST-ZIP	Deltona FL 32739
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Owens Tony
STREET ADDRESS	300 Timber Lane Trl
CITY-ST-ZIP	Ormond Beach FL 32174
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 **REQUIRED** Date: 4/29/03 Daytime Phone #: (386) 672-8443

CR2E037 (10/02)