FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 MAR -3 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003788 (7)

1. Corporation Name

SHUVEE MESSIANIC CONGREGATION, INC.

Principal Place of Business	Mailing Address
2715 NORTH HARBOR CITY BLVD. STE. 7 MELBOURNE FL 32935	2715 NORTH HARBOR CITY BLVD. STE. 7 MELBOURNE FL 32935

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/23/1993
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-3195406 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

MEILBYE, JOHN F
2715 NORTH HARBOR CITY BLVD.
STE. 7
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	DIRECTOR	☐ Change ☑ Addition
NAME	MEILBYE, JOHN F	12 NAME	TAYLOR, ALFRED DALE	
STREET ADDRESS	133 TEQUESTA HARBOR DRIVE	13 STREET ADDRESS	929 GABLES WAY	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	14 CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	D	21 TITLE	DIRECTOR - TREASURER	☐ Change ☑ Addition
NAME	MEILBYE, PATTI J	22 NAME	KATZ-TAYLOR, FELICIA	
STREET ADDRESS	133 TEQUESTA HARBOR DRIVE	23 STREET ADDRESS	929 GABLES WAY	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	24 CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	MARINO, EDITH	32 NAME		
STREET ADDRESS	766 WHITE PINE AVENUE	33 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL 32955	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	SPERLING, MARCIA A	42 NAME		
STREET ADDRESS	3645 BARNA AVENUE STE. 30C	43 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL 32780	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, WILLIAM B	52 NAME		
STREET ADDRESS	1745 FIG TREE DRIVE	53 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL 32780	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, SANDRA S	62 NAME		
STREET ADDRESS	1745 FIG TREE DRIVE	63 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL 32780	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John F Meilbye JOHN F. MEILBYE, JR PRESIDENT 2/18/95 (407) 951-0727
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Telephone Number)

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