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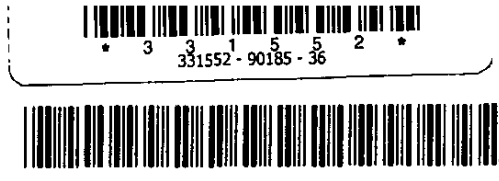
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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # N98000002821
 1. Corporation Name
 SHEMA ISRAEL MESSIANIC JEWISH CONGREGATION, INC.



Principal Place of Business: 10062 S.W. 156TH COURT MIAMI FL 33196
 Mailing Address: 10062 S.W. 156TH COURT MIAMI FL 33196

21	2a	3
Principal Place of Business	Mailing Address	Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.	05/14/1998
City & State	City & State	4. FEJ Number EIN NUMBER
Zip	Zip	65-0875619
Country	Country	Applied For
		Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GOFFMAN, MANUEL D 10062 S.W. 156TH COURT MIAMI FL 33196	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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOFFMAN, MANUEL D	1.2 NAME	
STREET ADDRESS	10062 S.W. 156TH COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33196	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, ROBERTO	2.2 NAME	MERCEDES HEAREAA
STREET ADDRESS	1031 S.W. 41 TERR.	2.3 STREET ADDRESS	3586 NW 41 ST
CITY-ST-ZIP	MIAMI FL 33165	2.4 CITY-ST-ZIP	MIAMI, FL 33142
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, JAIME	3.2 NAME	ASDUBAL ALVAREZ
STREET ADDRESS	910 WEST AVE. #816	3.3 STREET ADDRESS	769 CURTIS PIWAY #130
CITY-ST-ZIP	MIAMI BEACH FL 33139	3.4 CITY-ST-ZIP	MIAMI SPRING, FL 33166
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLUCH, IRMA	4.2 NAME	ORLANDO VELAZQUEZ
STREET ADDRESS	5546 N.W. 206 TERR.	4.3 STREET ADDRESS	8455 NW 31 PL
CITY-ST-ZIP	MIAMI FL 33055	4.4 CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDINA, JUAN C	5.2 NAME	
STREET ADDRESS	16073 S.W. 83 TERR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33193	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: M. Goffman 4-2-99 266-4442
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0080638

CR2E037 (1.1/98)