
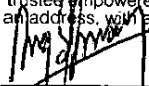


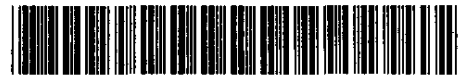
2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90077 035 ****61.25

| | | | |
|--|--|---|--|
| DOCUMENT # N98000002821 | |  | |
| 1. Entity Name SHEMA ISRAEL MESSIANIC JEWISH CONGREGATION, INC. | | | |
| Principal Place of Business 7120 SW 30 ST MIAMI FL 33155 | | Mailing Address 7120 SW 30 ST MIAMI FL 33155 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| GOFFMAN, MANUEL D 12360 NW 11 LN MIAMI FL 33182 | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | P/D GOFFMAN, MANUEL D 10062 S.W. 156TH COURT MIAMI FL 33196 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D GOFFMAN MANUEL D. 12360 NW 11 LN MIAMI, FL 33182 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition OF ADDRESS |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HERRERA, MERCEDES 3586 NW 41 ST MIAMI FL 33142 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BRAWER, IRA 22095 ATAMAN ST. BOCA RATON FL 33482 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CARNAJAL, FRANK 2565 W 56 ST #205 HIALEAH FL 33016 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DUSSAN, PIEDAD 9165 FOUNTAINEBLEAU BLVD #8 MIAMI FL 33172 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/D GOFFMAN, ROSA A 10062 SW 156 CT MIAMI FL 33196 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:  | | GOFFMAN MANUEL D. | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | |
| | | Daytime Phone # | |

44034946



MOORE CR2E037 (11/03)

4. FEI Number 65-0875619 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required