

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

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91210 022 \*\*\*\*61.25

DOCUMENT # N98000002821



1. Entity Name  
**HEMA ISRAEL MESSIANIC JEWISH CONGREGATION, INC.**

Principal Place of Business

7441 NW 8 ST  
A  
MIAMI FL 33126

Mailing Address

10062 S.W. 156TH COURT  
MIAMI FL 33196

2. Principal Place of Business

7120 SW 30 ST

3. Mailing Address

7120 SW 30 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI

City & State  
MIAMI, FL

City & State  
MIAMI, FL

4. FEI Number 65-0875619

Applied For  
Not Applicable

Zip  
33155

Country  
USA

Zip  
33155

Country  
USA

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

GOFFMAN, MANUEL D  
10062 S.W. 156TH COURT  
MIAMI FL 33196

Name  
HEMA ISRAEL MESSIANIC JEWISH CONGREGATION, INC.  
Street Address (P.O. Box Number is Not Acceptable)  
12360 NW 11 LN.  
City  
MIAMI FL Zip Code  
33182

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]* MANUEL D. GOFFMAN, PRESIDENT

3/31/03

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

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	D HERRERA, MERCEDES 3586 NW 41 ST MIAMI FL 33142	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAWER, IRA 22095 ATAMAN ST. BOCA RATON FL 33482	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIVLOWITZ, GARY 724 LITTLE AMPTON LANE GOTHA FL 34734	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, JERRY 122 HORSESHOE TRAIL ORMOND BEACH FL 32174	<input checked="" type="checkbox"/> Delete
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANK CAJAJAL 2565 W. 56 ST. #205 MIAMI, FL 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIEDAD DUSSAN 9165 FOUNTAINE BLEAU BLVD # 8 MIAMI, FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* MANUEL D. GOFFMAN

3/26/03 (305) 266-4442

CR2E037 (10/02)