

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34682

**Entity Name:** BETH JUDAH MESSIANIC CONGREGATION INCORPORATED

**FILED**  
**Apr 30, 2021**  
**Secretary of State**  
**3487582632CC**

**Current Principal Place of Business:**

3217 WEST STATE ROAD 40  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

3217 WEST STATE ROAD 40  
ORMOND BEACH, FL 32174 US

**FEI Number:** 59-2927723

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TUCKER, BRUCE A DR.  
3217 WEST STATE ROAD 40  
ORMOND BEACH, FL 32174 US

*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.*

**SIGNATURE:** RABBI DR. BRUCE TUCKER

04/30/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            TUCKER, BRUCE A DR.  
Address        3217 WEST STATE ROAD 40  
City-State-Zip: ORMOND BEACH FL 32174

Title            VP  
Name            LENARD, MARK  
Address        3217 WEST STATE ROAD 40  
City-State-Zip: ORMOND BEACH FL 32174

Title            SECRETARY, TREASURER  
Name            KEEN, RHONDA  
Address        3217 WEST STATE ROAD 40  
City-State-Zip: ORMOND BEACH FL 32174

Title            EXTERNAL MEMBER  
Name            MCKEOWN, MATTHEW  
Address        3217 WEST STATE ROAD 40  
City-State-Zip: ORMOND BEACH FL 32174

Title            EXTERNAL MEMBER  
Name            LEVINE, DAVID  
Address        3217 WEST STATE ROAD 40  
City-State-Zip: ORMOND BEACH FL 32174

Title            INTERNAL MEMBER  
Name            RABINOWITZ, AARON  
Address        3217 WEST STATE ROAD 40  
City-State-Zip: ORMOND BEACH FL 32174

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DR. BRUCE A. TUCKER

**PRESIDENT/RABBI**

04/30/2021

Electronic Signature of Signing Officer/Director Detail

Date