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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 23 AM 9:07

DOCUMENT # 724275 (3)

1. Corporation Name
AMERICAN MESSIANIC MISSION - BETH YESHUA, INC.

Principal Place of Business	Mailing Address
6043 KIMBERLY BLVD. SUITE 6 N LAUDERDALE FL 33068 US	6043 KIMBERLY BLVD SUITE G N LAUDERDALE FL 33068 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/05/1972
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-1430781 ☐ 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
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

PALLOZZI, NICHOLAS
4986 SOUTHWEST 102ND AVENUE
COOPER CITY FL 33328

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	☐ Change ☐ Addition
NAME	FROMM, MARTIN	1.2 NAME	
STREET ADDRESS	217-03 64TH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BAYSIDE NY	1.4 CITY-ST-ZIP	
TITLE	DVP	2.1 TITLE	☒ Change ☐ Addition
NAME	WHITE, DONALD	2.2 NAME	
STREET ADDRESS	1505 SW ST ANDREWS DR	2.3 STREET ADDRESS	1483 NW COCONUT PT LN
CITY-ST-ZIP	PALM CITY FL	2.4 CITY-ST-ZIP	STUART FL 34994
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	PALLOZZI, NICHOLAS	3.2 NAME	
STREET ADDRESS	4986 SW 102ND AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	BEHARRY, HARRY	4.2 NAME	
STREET ADDRESS	5910 N.W. 42ND TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	COHEN, RONALD	5.2 NAME	
STREET ADDRESS	6440 NW 25 CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: Nicholas T Pallozzi NICHOLAS T PALLOZZI 1/17/95 305-989-0177
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0006459