

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified

09/05/1972

3a. Date of Last Report

01/23/1995

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**

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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and, if not applicable,

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE

PCD

☐ DELETE

NAME

FROMM, MARTIN

STREET ADDRESS

217-03 64TH AVE.

CITY-STATE-ZIP

BAYSIDE NY

TITLE

DVP

☐ DELETE

NAME

WHITE, DONALD

STREET ADDRESS

1483 NW COCOANUT PT LN

CITY-STATE-ZIP

STUART FL

TITLE

TD

☐ DELETE

NAME

PALLOZZI, NICHOLAS

STREET ADDRESS

4986 SW 102ND AVE

CITY-STATE-ZIP

COOPER CITY FL

TITLE

SD

☐ DELETE

NAME

BEHARRY, HARRY

STREET ADDRESS

5910 N.W. 42ND TERRACE

CITY-STATE-ZIP

FT. LAUDERDALE FL

TITLE

D

☐ DELETE

NAME

COHEN, RONALD

STREET ADDRESS

6440 NW 25 CT.

CITY-STATE-ZIP

SUNRISE FL

TITLE

D

☐ DELETE

NAME

COHEN, RONALD

STREET ADDRESS

6440 NW 25 CT.

CITY-STATE-ZIP

SUNRISE FL

TITLE

D

☐ DELETE

NAME

COHEN, RONALD

STREET ADDRESS

6440 NW 25 CT.

CITY-STATE-ZIP

SUNRISE FL

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)(k), 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 Pallozzi **NICHOLAS T PALLOZZI** 3/13/96 954-969-0177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (12/95)