

ANNUAL REPORT
1995

Florida Department of
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751013 (4)

1. Corporation Name

BETH ISRAEL MESSIANIC FELLOWSHIP INC.

95 MAY - 1 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

13018 GUNN HIGHWAY
ODESSA FL 33556
US

Mailing Address

POST OFFICE BOX 271708
TAMPA FL 33688
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1980

3a. Date of Last Report

07/06/1994

4. FEI Number

59-2054098

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

LEVI, WILLIAM HAIM
8609 BETH COURT
ODESSA FL 33556

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

LEVI, WILLIAM HAIM
8609 BETH COURT
ODESSA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD

LEVI, RACHELLE S.
8609 BETH COURT
ODESSA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

ST

LEVI, RACHELLE S.
8609 BETH COURT
ODESSA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

LEVI, MAURICE
13405 MONTE CARLO CT. #25
TAMPA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

UPCHURCH, DENISE
3841 BROOKLAWN COURT
ATLANTA GA

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Upchurch, Denise
10635 Midland Blvd. Apt. #1
St. Louis, MO 63114

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 110.07(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, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed Name