FILE NOW: FILING FEE IS $61.25

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Jun 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # 751013 (4)

1. Corporation Name

BETH ISRAEL MESSIANIC FELLOWSHIP INC.

Principal Place of Business	Mailing Address
13018 GUNN HIGHWAY ODESSA FL 33556 US	POST OFFICE BOX 271708 TAMPA FL 33688-1708 US

3. Date Incorporated or Qualified: 02/12/1980
3a. Date of Last Report: 03/04/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 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 _____ 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	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LEVI, WILLIAM HAIM		1.2 NAME	
STREET ADDRESS	8609 BETH COURT		1.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LEVI, RACHELLE S.		2.2 NAME	
STREET ADDRESS	8609 BETH COURT		2.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL		2.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LEVI, RACHELLE S.		3.2 NAME	
STREET ADDRESS	8609 BETH COURT		3.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LEVI, MAURICE		4.2 NAME	
STREET ADDRESS	13405 MONTE CARLO CT. #25		4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	STEPAKOFF, MICHAEL		5.2 NAME	
STREET ADDRESS	9912 WINGING WAY DR		5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	STEPAKOFF, TARA		6.2 NAME	
STREET ADDRESS	9912 WINGING WAY DR		6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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 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 _____ DATE