

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **751013** (4)
1. Corporation Name

BETH ISRAEL MESSIANIC FELLOWSHIP INC.



Principal Place of Business 13018 GUNN HIGHWAY ODESSA FL 33556 US	Mailing Address POST OFFICE BOX 271708 TAMPA FL 33688 US
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3. Date Incorporated or Qualified

02/12/1980

4. FEI Number

59-2054098

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEVI, WILLIAM HAIM
8809 BETH COURT
ODESSA FL 33556**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☐ DELETE
NAME	LEVI, WILLIAM HAIM	
STREET ADDRESS	8809 BETH COURT	
CITY-ST-ZIP	ODESSA FL	

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	MARTINEZ, RAMON	
1.3 STREET ADDRESS	9702 KINGS CANYON PLACE	
1.4 CITY-ST-ZIP	TAMPA, FL 33634	

TITLE	VD	☐ DELETE
NAME	LEVI, RACHELLE S.	
STREET ADDRESS	8809 BETH COURT	
CITY-ST-ZIP	ODESSA FL	

2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	ST	☐ DELETE
NAME	LEVI, RACHELLE S.	
STREET ADDRESS	8809 BETH COURT	
CITY-ST-ZIP	ODESSA FL	

3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	D	☐ DELETE
NAME	LEVI, MAURICE	
STREET ADDRESS	13405 MONTE CARLO CT. #25	
CITY-ST-ZIP	TAMPA FL	

4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	D	☐ DELETE
NAME	STEPAKOFF, MICHAEL	
STREET ADDRESS	9912 WINGING WAY DR	
CITY-ST-ZIP	TAMPA FL	

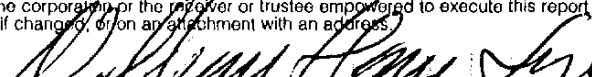
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	D	☒ DELETE
NAME	STEPAKOFF, TARA	
STREET ADDRESS	9912 WINGING WAY DR	
CITY-ST-ZIP	TAMPA FL	

6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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:



CR2E037 (10/97)