

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 751013	
1. Entity Name BETH ISRAEL MESSIANIC FELLOWSHIP INC.	
Principal Place of Business 24637 SILVERSMITH DR LUTZ, FL 33559 US	Mailing Address P.O. BOX 271708 TAMPA, FL 33688 US



04082005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2054098	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LEVI, WILLIAM H 24637 SILVERSMITH DR LUTZ, FL 33559	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVI, WILLIAM H 24637 SILVERSMITH DR LUTZ, FL 33559
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BACON, DENNIS 1609 10TH AVE W BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BACON, VIRGINIA 1609 10TH AVE W BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEVI, RACHELLE S 24637 SILVERSMITH DR LUTZ, FL 33559
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHIPPS, TOM 7807 FIRESTONE WAY HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYES, CONNIE 6370 24TH ST. S. #371 ST. PETERSBURG, FL 33712

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04/14/05-80043-001 61.25

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rachelle S. Levi* **4/7/05** **813-9200864**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #