

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90201 016 \*\*\*\*70.00

**DOCUMENT # 751013**

1. Entity Name  
**BETH ISRAEL MESSIANIC FELLOWSHIP INC.**



Principal Place of Business  
**16920 LK JAMES RD  
ODESSA, FL 33556 US**

Mailing Address  
**P.O. BOX 271708  
TAMPA, FL 33688 US**

**DO NOT WRITE IN THIS SPACE**



04152008 No Chg-NP CR2E037 (4/06)

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**

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME LEVI, WILLIAM H  
STREET ADDRESS 24637 SILVERSMITH DR  
CITY-ST-ZIP LUTZ, FL 33559

TITLE D  
NAME TORRES, JUAN  
STREET ADDRESS 15477 OAKCREST CIRCLE  
CITY-ST-ZIP SPRING HILL, FL 34604

TITLE VT  
NAME LEVI, RACHELLE S  
STREET ADDRESS 24637 SILVERSMITH DR  
CITY-ST-ZIP LUTZ, FL 33559

TITLE D  
NAME TORRES, DALILA  
STREET ADDRESS 15477 OAKCREST CIRCLE  
CITY-ST-ZIP SPRINGHILL, FL 34604

TITLE S  
NAME HAYES, CONNIE  
STREET ADDRESS ~~6370 24TH ST. S. #371~~ 6402 Grady Ave  
CITY-ST-ZIP ~~ST. PETERSBURG, FL 33712~~ New Port Richey, FL 34653

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Rachel S. Levi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/23/08*  
Date

Daytime Phone #