

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751013

FILED
May 21, 2009
Secretary of State

Entity Name: BETH ISRAEL MESSIANIC FELLOWSHIP INC.

Current Principal Place of Business:

16920 LK JAMES RD
ODESSA, FL 33556 US

New Principal Place of Business:

110 MYRTLE RIDGE RD
LUTZ, FL 33549 US

Current Mailing Address:

P.O. BOX 271708
TAMPA, FL 33688 US

New Mailing Address:

FEI Number: 59-2054098 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LEVI, WILLIAM H
24637 SILVERSMITH DR
LUTZ, FL 33559 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEVI, WILLIAM H
Address: 24637 SILVERSMITH DR
City-St-Zip: LUTZ, FL 33559 US

Title: D () Delete
Name: TORRES, JUAN
Address: 15477 OAKCREST CIRCLE
City-St-Zip: SPRING HILL, FL 34604

Title: VT () Delete
Name: LEVI, RACHELLE S
Address: 24637 SILVERSMITH DR
City-St-Zip: LUTZ, FL 33559 US

Title: D () Delete
Name: TORRES, DALILA
Address: 15477 OAKCREST CIRCLE
City-St-Zip: SPRINGHILL, FL 34604

Title: S (X) Delete
Name: HAYES, CONNIE
Address: 6402 GRADY AVE
City-St-Zip: NEW PORT RICHEY, FL 34653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VT (X) Change () Addition
Name: LEVI, RACHELLE S
Address: 24637 SILVERSMITH DR
City-St-Zip: LUTZ, FL 33559 US

Title: S (X) Change () Addition
Name: HAYES, CONNIE
Address: 6402 GRADY AVE
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: D (X) Change () Addition
Name: LEZAMA, COLLETTE R
Address: 5306 REFLECTIONS PLACE CT # 107
City-St-Zip: TAMPA, FL 33634 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLLETTE LEZAMA

D

05/21/2009

Electronic Signature of Signing Officer or Director

Date