FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

F95000000689 (8)

THE ASSOCIATION OF MESSIANIC BELIEVERS. INC. Principal Place of Business Mailing Address 3190 GULF-TO-BAY BLVD 3190 GULF-TO-BAY BLVD **CLEARWATER FL 34619 CLEARWATER FL 34619** 3. Date Incorporated or Qualified 02/14/1995 3a. Date of Last Report 2. Principal Place of Business 2a. Mailing Address 4. FEL Number Applied For 76-0378958 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 30 Yes X No 24 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FISCHER, JOHN DR Street Address (P.O. Box Number is Not Acceptable) 82 3190 GULF-TO-BAY BLVD 83 **CLEARWATER FL 34619** City 84 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 (NOTE: Registered Agent signature required when reinstating) Stanature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Addition PKD DELETE ☐ Change TITLE 1 1 TITLE FISCHER, JOHN DR NAME 1.2 NAME 3190 GULF-TO-BAY BOULEVARD STREET ADDRESS 1.3 STREET ADDRESS **CLEARWATER FL 34619** CITY-ST-ZIP 1.4 CITY - ST- ZIP WE VPD DELETE 21 TITLE Change Change ☐ Addition TITLE STOKES, BRUCE DR NAME 2.2 NAME 5455 GARDEN GROVE BLVD SUITE 144 STREET ADDRESS 2.3 STREET ADDRESS **WESTMINSTER CA 92683** CITY-ST-ZIP 2 4 CITY-ST-ZIP SD DELETE TITLE 3.1 TITLE Addition ADLER, JEFFREY NAME 3 2 NAME 1329 W. 96TH STREET, SUITE 8 STREET ADDRESS 3.3 STREET ADDRESS INDIANAPOLIS IN 46260 CITY - ST - ZIP 3.4. CITY-ST-ZIP TD DELETE Addition TITLE 41 TITLE KOTTING, MARCY NAME 4 2 NAME 100001800161 -04/29/96--01135--011 1354 ABBEYHILL DR STREET ADDRESS 4.3 STREET ADDRESS **WORTHINGTON OH 43085** CITY-ST-ZiP 4.4 CITY-ST-ZIP ***61.25 DELETE TITLE 5 1 TITLE [17] Change Addition 5.2 NAME NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE TITLE 6.1 TITLE NAME 6.2 NAME

> 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 trueffee of powered 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 a needless.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96

813.726-1472

(12/95)

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