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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F95000000689**

1. Corporation Name
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**



Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified
	26	02/14/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
27		76-0378958
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
28		\$8.75 Additional Fee Required
Zip Country	Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
33759 25	33759 30	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FISCHER, JOHN DR 3190 GULF-TO-BAY BLVD CLEARWATER FL 34619	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHER, JOHN DR	1.2 NAME	
STREET ADDRESS	3190 GULF-TO-BAY BOULEVARD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34619	1.4 CITY-ST-ZIP	33759
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOKES, BRUCE DR	2.2 NAME	
STREET ADDRESS	5455 GARDEN GROVE BLVD SUITE 144	2.3 STREET ADDRESS	
CITY-ST-ZIP	WESTMINSTER CA 92683	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADLER, JEFFREY	3.2 NAME	
STREET ADDRESS	1329 W. 96TH STREET, SUITE 8	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46260	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOTTING, MARCY	4.2 NAME	
STREET ADDRESS	1354 ABBEYHILL DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	WORTHINGTON OH 43085	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: _____ DATE: **1/6/99** PHONE: **727-726-1472**

CR2E037 (11/98)