

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90103 006 ****61.25

DOCUMENT # F95000000689

1. Entity Name

THE ASSOCIATION OF MESSIANIC BELIEVERS, INC.

Principal Place of Business

Mailing Address

3190 GULF-TO-BAY BLVD
 CLEARWATER FL ~~34619~~ **33759**

3190 GULF-TO-BAY BLVD
 CLEARWATER FL ~~34619~~ **33759**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

76-0378958

Applied For

Not Applicable

Zip

Country

33759-4505

Zip

Country

33759-4505

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FISCHER, JOHN DR
3190 GULF-TO-BAY BLVD
CLEARWATER FL ~~34619~~

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

33759-4505

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

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	FISCHER, JOHN DR	
STREET ADDRESS	3190 GULF-TO-BAY BOULEVARD	
CITY-ST-ZIP	CLEARWATER FL 34619 33759	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	STOKES, BRUCE DR	
STREET ADDRESS	5455 GARDEN GROVE BLVD SUITE 144	
CITY-ST-ZIP	WESTMINSTER CA 92683	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SESSA, BARBARA	
STREET ADDRESS	1110 BEDFORD AVE.	
CITY-ST-ZIP	NORFOLK VA 23508	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FRIEDMAN, DAVID DR.	
STREET ADDRESS	231 MAIN ST.	
CITY-ST-ZIP	CHERRY VALLEY MA 01611	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		33759-4505
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richardson, Sam	
STREET ADDRESS	71 N. Main St.	
CITY-ST-ZIP	Windsor Locks, CT	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	06096	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 lines empowered.

SIGNATURE: **SIGNATURE REQUIRED** **Dr. John Fischer** **8/6/02** **727-726-1472**

CR2E037 (4/02)