


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 10, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F95000000689</b>	
<b>1. Entity Name</b> THE ASSOCIATION OF MESSIANIC BELIEVERS, INC.	

<b>Principal Place of Business</b> 3190 GULF-TO-BAY BLVD CLEARWATER, FL 33759-4505	<b>Mailing Address</b> 3190 GULF-TO-BAY BLVD CLEARWATER, FL 33759-4505
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07062004 No Chg-NP CR2E037 (10/03)

<b>4. FEI Number</b> 76-0378958	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

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

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**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when rehashing) **DATE** \_\_\_\_\_

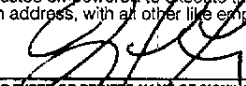
<b>Filing Fee is \$61.25</b> <b>Due by September 8, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	000000172119 09/10/04-80003-023 61.25
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	PD
<b>NAME</b>	FISCHER, JOHN DR
<b>STREET ADDRESS</b>	3190 GULF-TO-BAY BOULEVARD
<b>CITY-ST-ZIP</b>	CLEARWATER, FL 337594505
<b>TITLE</b>	VPD
<b>NAME</b>	STOKES, BRUCE DR
<b>STREET ADDRESS</b>	5455 GARDEN GROVE BLVD SUITE 144
<b>CITY-ST-ZIP</b>	WESTMINSTER, CA 92683
<b>TITLE</b>	SD
<b>NAME</b>	SESSA, BARBARA
<b>STREET ADDRESS</b>	1110 BEDFORD AVE.
<b>CITY-ST-ZIP</b>	NORFOLK, VA 23508
<b>TITLE</b>	TD
<b>NAME</b>	RICHARDSON, SAM
<b>STREET ADDRESS</b>	71 N MAIN STREET
<b>CITY-ST-ZIP</b>	WINDSOR LOCKS, CT 06096
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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**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 like empowered.**

**SIGNATURE:**  **Dr. John Fischer** 7/9/04 727-726-1472

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #