


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F95000000689
 1. Entity Name
THE ASSOCIATION OF MESSIANIC BELIEVERS, INC.



Principal Place of Business 3190 GULF-TO-BAY BLVD CLEARWATER, FL 33759-4505	Mailing Address 3190 GULF-TO-BAY BLVD CLEARWATER, FL 33759-4505
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01032006 No Chg-NP CR2E037 (11/05)

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

6. Name and Address of Current Registered Agent
**FISCHER, JOHN DR
 3190 GULF-TO-BAY BLVD
 CLEARWATER, FL 34619**

DO NOT WRITE IN THIS SPACE

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 re-appointing) DATE

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FISCHER, JOHN DR 3190 GULF-TO-BAY BOULEVARD CLEARWATER, FL 337594505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STOKES, BRUCE DR 5455 GARDEN GROVE BLVD SUITE 144 WESTMINSTER, CA 92683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEDACA, DAVID 184 PROSPECT PARK, W. BSMT BROOKLYN, NY 112157048
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RICHARDSON, SAM 71 N MAIN STREET WINDSOR LOCKS, CT 06098
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/30/06-80012-018 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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** 1/31/06 727-7264472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #