


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

2007 SEP 13 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 76-0378958	Applied For 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

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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 reappointing) DATE _____

**Filing Fee is \$61.25
Due by September 14, 2007**

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

09/18/07 0109533887 07--01065--016 **61.25

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 Forbes, Jason 711 MAIN STREET 13001-37th Ave. S. WINDSOR LOCKS, CT 06096 Seattle, WA 98168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Russell Rpsnik 529 Jefferson St. NE Albuquerque, NM 87108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 9/10/07 727-726-1472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #