


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # F95000000689 1. Entity Name <b>THE ASSOCIATION OF MESSIANIC BELIEVERS, INC.</b> <b>UNION</b>	
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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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01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 76-0378958	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  FISCHER, JOHN DR 3190 GULF-TO-BAY BLVD CLEARWATER, FL 34619	<b>DO NOT WRITE IN THIS SPACE</b>
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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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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 FORBES, JASON 13001 37TH AVENUE SOUTH SEATTLE, WA 98168
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUSSELL, RESNIK 529 JEFFERSON ST NE ALBUQUERQUE, NM 87108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000836282  
03/04/08-80009-019 61.25

**DO NOT WRITE IN THIS SPACE**

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** 2/19/08 727-726-1472  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #