## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9600003655 (5)

FILED
May 14 1997 8:00am
Secretary of State

1. Corporation Name HATIKVAH MINISTRIES INC.  Principal Place of Business Mailing Address  9884 INDIAN KEY TRAIL SEMINOLE FL 33776 SEMINOLE FL 33776-1073											
	_							3. Date Incorporated or Qualified 07/19/1996	<b>3a</b> . Da	te of Last I	Report
	Place of Business	2a.	. Mailing Address		_			4. FEI Number		A	pplied For
21 Suite Ast	4 40	26		28 XC	_L			02-0341919			ot Applicable
22 Suite, Apr		27	Suite, Apt. #, etc	), 				5. Certificate of Status Desired			Additional lequired
City & Sta	te		City & State	Dooks	Æ	0	٨.	6. Election Campaign Financing			May Be
23 Zio	Country	28	Tudian	<u>Books</u>	untr		N	Trust Fund Contribution			to Fees
Zip 24	25 Country	29	Zip <b>III</b> .	30	army	<b>y</b>		8. This corporation has liability for Florida Statutes		tax under: No	s. 199.032,
241	9. Name and Address of Currer		stered Agent	[30]	T			10. Name and Address of New Re			
					81	Name					
PETSCHER, PHILIP					20 0			no (D.O. Roy Number is Not Assente	hla\		
9884 INDIAN KEY TRAIL					82	Street	(dare:	ss (P.O. Box Number is Not Accepta	bie)		
SEMINOLE FL 33776					83	1					··
<del></del>					84	City				0.5	Code
					104	City			FL	<b>85</b> Zip	Code
office or agent. Its	to the provisions of Sections 617.050 registered agent, or both, in the State am familiar with, and accept the obliging the section of the section of the section of the sections of the section of the sections of the sec	of Florid ations of	da. Such change f, Section 617.050	statutes, the a was authorize 3, Florida Sta	ibov id by tute:	e-named of y the corp s.	corpo oratio	ration submits this statement for the n's board of directors. I hereby acce	purpose of pt the appo	changing pintment a	its registered s registered
SIGNATURE	Signature, typed or printed name of registered ago	nt and title	if applicable.	(NOTE: Register	d Age	enl signature i	required	when reinstaling)	DATE	-	
12.	OFFICERS AN	D DIREC		13.				ADDITIONS/CHANGES TO OFFI	CERS AND		
TITLE	PCD		☐ DELET	E 1.11	ITLE	Į				Change	Addition
NAME	COMBS, PAT				IAME	ĺ	_	~			
STREET ADDRESS	1511 STONE TRAIL			135	TREET	T ADDRESS	9	219 Spanish Fore	St Lr	) ·	
CITY-ST-ZIP	SUGARLAND TX	<u></u>	T of the			ST-ZIP	$\mathbb{R}$	ichmond TX	7746	4	T 7 4 (10)
TITLE	VD CURIO		☐ DELET							Change	Addition
NAME	BANDO, CHRIS			2.2 M							
STREET ADORESS	N27 W 5108 LANDMARK DR					T ADDRESS					
CITY-ST-ZIP TITLE	CEDARBURG WI		☐ DELET			ST-ZIP				Change	Addition
NAME	S MARTIN, LAWRENCE B		اعام الساء	3.11						C viaithe	L1 VOOIGON
STREET ADDRESS	122 WALNUT HILL AVE					T ADDRESS					
CITY-ST-ZIP	MANCHESTER NH					ST-ZIP					
TITLE	T		DELET			·· · · · ·				Change	Addition
NAME	PETSCHER, DEBRA		-	1	NAME	}				J	
STREET ADDRESS	9884 INDIAN KEY TRAIL					ADDRESS					
CITY-ST-ZIP	SEMINOLE FL			1		ST-ZIP					
TITLE	D		☐ DELET	£ 5.1 T	TLE					Change	Addition
NAME	PETSCHER, PHILIP			5.21	AMÉ	)					
STREET ADDRESS	9884 INDIAN KEY TRAIL			538	TREET	ADDRESS					
CITY-ST-ZIP	SEMINOLE FL				/IY-9	ST-ZIP					
TITLE	S		DELET.	6.1 T	ITLE			·		Change	Addition
NAME	PETSCHER, DEBRA			6.2 N	AME	Į					
STREET ADDRESS	9884 INDIAN KEY TRAIL			6.3 \$	TREET	ADDRESS					
CITY-ST-ZIP	SEMINOLE FL					ST-ZIP					
	by certify that the information cumplic	d with th	his filing does not	qualify for the	AVE	emption sta	ated i	n Section 119.07(3)(i), Florida Statute	s I further	certify that	t the

• To hereby certify that the information supplied with this hing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

DOLLAGE.

Dohn

Drienbar

(812)595-2