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Jan 21 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000003655 (5)

1. Corporation Name

HATIKVAH MINISTRIES INC.

Principal Place of Business

P.O. BOX 357  
INDIAN ROCKS BEACH FL 33785

Mailing Address

P.O. BOX 357  
INDIAN ROCKS BEACH FL 33785  
US

3. Date Incorporated or Qualified

07/19/1996

4. FEI Number

02-0341919

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 11498 69th Ave No.

25 PO Box 7535

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Seminole FL

28 Seminole FL

Zip

Country

Zip

Country

24 33776

25 USA

29 33775

30 USA

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETSCHER, PHILIP  
9884 INDIAN KEY TRAIL  
SEMINOLE FL 33776

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

11498 69th Ave No.

83

84 City

Seminole

FL

85 Zip Code

33776

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PCD  
COMBS, PAT  
STREET ADDRESS 2219 SPANISH FOREST LANE  
CITY-ST-ZIP RICHMOND TX

TITLE ☐ DELETE

NAME VD  
BANDO, CHRIS  
STREET ADDRESS N27 W 5108 LANDMARK DR  
CITY-ST-ZIP CEDARBURG WI

TITLE ☐ DELETE

NAME S  
MARTIN, LAWRENCE B  
STREET ADDRESS 122 WALNUT HILL AVE  
CITY-ST-ZIP MANCHESTER NH

TITLE ☐ DELETE

NAME T  
PETSCHER, DEBRA  
STREET ADDRESS 9884 INDIAN KEY TRAIL  
CITY-ST-ZIP SEMINOLE FL

TITLE ☐ DELETE

NAME D  
PETSCHER, PHILIP  
STREET ADDRESS 9884 INDIAN KEY TRAIL  
CITY-ST-ZIP SEMINOLE FL

TITLE ☐ DELETE

NAME S  
PETSCHER, DEBRA  
STREET ADDRESS 9884 INDIAN KEY TRAIL  
CITY-ST-ZIP SEMINOLE FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Debra Petcher, Debra Petcher

1/5/98 (813) 394-0107

CR2E037 (10/97)