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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 10, 1999 8:00 am  
Secretary of State

03-10-1999 90120 007 \*\*\*\*61.25

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DOCUMENT # F96000003655

1. Corporation Name

HATIKVAH MINISTRIES INC.

Principal Place of Business

11498 69TH AVE N  
SEMINOLE FL 33776  
US

Mailing Address

P O BOX 7535  
SEMINOLE FL 33775  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 33772 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

07/19/1996

4. FEI Number

02-0341919

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

PETSCHER, PHILIP  
11498 69TH AVE M  
SEMINOLE FL 33776

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

33772

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

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

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

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

TITLE T  
NAME PETSCHER, DEBRA  
STREET ADDRESS 11498 69TH AVE NO  
CITY-ST-ZIP SEMINOLE FL 33776

TITLE D  
NAME PETSCHER, PHILIP  
STREET ADDRESS 11498 69TH AVE NO  
CITY-ST-ZIP SEMINOLE FL 33776

TITLE S  
NAME PETSCHER, DEBRA  
STREET ADDRESS 11498 69TH AVE N  
CITY-ST-ZIP SEMINOLE FL 33776

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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)(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 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, with all other like empowered.

SIGNATURE: *Philip P. Petscher*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/17/99 (727) 394-0107  
Date Daytime Phone #

CR2E037 (11/98)