

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90102 014 *****61.25

DOCUMENT # F96000005233

1. Entity Name

MESSIANIC ISRAEL MINISTRIES, INC.



Principal Place of Business

P.O. BOX 700217
ST. CLOUD FL 34770

Mailing Address

P.O. BOX 700217
ST. CLOUD FL 34770

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOOTEN, ANGUS E
176 HARWOOD CIRCLE
KISSIMMEE FL 34744

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CPTD	<input type="checkbox"/> Delete
NAME	WOOTEN, ANGUS E	
STREET ADDRESS	176 HARWOOD CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	CVSD	<input type="checkbox"/> Delete
NAME	WOOTEN, BATYA R	
STREET ADDRESS	176 HARWOOD CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAUMGRATZ, TRACI W	
STREET ADDRESS	61 NASSAU AVS	
CITY-ST-ZIP	MALVERNE NY 11565	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

ANGUS E. WOOTTEN **APRIL 30, 2003**

CR2E037 (10/02)