

FILE NOW: FILING FEE IS \$61.25

FILED

May 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000001900 (6)**

1. Corporation Name

**HEAR O ISRAEL MINISTRIES, INC.**



Principal Place of Business <b>3485 WINTON PL BLDG E #245 ROCHESTER NY 14623</b>	Mailing Address <b>3485 WINTON PL BLDG E #245 ROCHESTER NY 14623</b>
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3. Date Incorporated or Qualified <b>04/11/1997</b>
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4. FEI Number <b>16-1454892</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business <b>21 1301 D PENNAN RD</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 1301 D PENNAN RD</b> Suite, Apt. #, etc.
City & State <b>23 JACKSONVILLE BEACH, FL</b>	City & State <b>28 JACKSONVILLE BEACH, FL</b>
Zip <b>24 32250</b>	Zip <b>29 32250</b>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>SMITH HULSEY &amp; BUSEY 225 WATER ST #1800 JACKSONVILLE FL 32202</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

**FL**

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	<input type="checkbox"/> DELETE
NAME	<b>DCP</b>
STREET ADDRESS	<b>BERNIS, JONATHAN</b>
CITY-ST-ZIP	<b>77 PLAYERS CLUB</b>
	<b>PONTE VEDRA BCH FL 32082</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>ST</b>
STREET ADDRESS	<b>LEVINE, DAVID</b>
CITY-ST-ZIP	<b>55 CYPRESS ST</b>
	<b>ROCHESTER NY 14620</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>DST</b>
2.3 STREET ADDRESS	<b>LEVINE, DAVID</b>
2.4 CITY-ST-ZIP	<b>369 SAWHILL LANE</b>
	<b>PONTE VEDRA BEACH, FL 32082</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>D</b>
3.3 STREET ADDRESS	<b>APPEL, JAMES</b>
3.4 CITY-ST-ZIP	<b>87 BRADFORD RD</b>
	<b>ROCHESTER, NY 14618</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>D</b>
4.3 STREET ADDRESS	<b>SOZZI, JAMES</b>
4.4 CITY-ST-ZIP	<b>221 EAST RIDGE RD</b>
	<b>ROCHESTER, NY 14621</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>D</b>
5.3 STREET ADDRESS	<b>WEST, ROGER</b>
5.4 CITY-ST-ZIP	<b>PO BOX 118 N/A</b>
	<b>BELOIT, WI 53512</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>D</b>
6.3 STREET ADDRESS	<b>PEERS, TOM</b>
6.4 CITY-ST-ZIP	<b>2 JANIE LYNN DR</b>
	<b>CHURCHVILLE, NY 14428</b>

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.

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904) 246-3282

CR2E037 (10/97)