

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90037 022 ****61.25

0006740

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F97000001900

1. Corporation Name

HEAR O ISRAEL MINISTRIES, INC.

Principal Place of Business

13 OLD PENMAN RD
JAX BCH FL 32250
US
SAME AS
MAILING
ADDRESS

Mailing Address

1301 D PENMAN RD
JAX BCH FL 32250
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

04/11/1997

4. FEI Number

16-1454892

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

SMITH HULSEY & BUSEY
225 WATER ST #1800
JACKSONVILLE FL 32202

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

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 DCP
NAME BERNIS, JONATHAN
STREET ADDRESS 77 PLAYERS CLUB
CITY-ST-ZIP PONTE VEDRA BCH FL 32082

TITLE DST
NAME LEVINE, DAVID
STREET ADDRESS 369 SAWMILL LN
CITY-ST-ZIP PONTE VEDRA BCH FL 32082

TITLE D
NAME APPEL, J
STREET ADDRESS 87 BRADFORD RD
CITY-ST-ZIP ROCHESTER NY 14618

TITLE D
NAME SOZZI, J
STREET ADDRESS 221 E RIDGE RD
CITY-ST-ZIP ROCHESTER NY 14621

TITLE D
NAME WEST, ROGER
STREET ADDRESS POB 118
CITY-ST-ZIP BELOIT WI 53212

TITLE D
NAME PEERS, T
STREET ADDRESS 2 JAMIE LYNN DR
CITY-ST-ZIP CHURCHVILLE NY 14428

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-22-99 904-246 1848

CR2E037 (1/98)