

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90008 018 ****61.25

DOCUMENT # N03000007274

1. Entity Name

HAMASHIACH TSEDKAYNU, INC.



Principal Place of Business

1351 BEVILLE RD
DAYTONA BCH FL 32114

Mailing Address

1351 BEVILLE RD
DAYTONA BCH FL 32114

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

37-1470200

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRASS, EDWARD
17 BRANDY HILLS DR
PORT ORANGE FL 32129

7. Name and Address of New Registered Agent

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
Due By May 1, 2004

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

TITLE	PDCH	<input type="checkbox"/> Delete
NAME	GRASS, EDWARD	
STREET ADDRESS	17 BRANDY HILLS DR	
CITY - ST - ZIP	PORT ORANGE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	CROCKETT, SEAN	
STREET ADDRESS	55 RICHMOND DR	
CITY - ST - ZIP	DELTONA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	PETRY, TOM	
STREET ADDRESS	2090 BISHOP	
CITY - ST - ZIP	ORANGE CITY FL	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	LEE JAEGER	
STREET ADDRESS	118 MARIE DR	
CITY - ST - ZIP	POPELHURST, FLA 32127	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOM MCDERMOTT	
STREET ADDRESS	69 CYPRESS LN THE WOOD	
CITY - ST - ZIP	PORT ORANGE, FLA. 32129	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE JAEGER	
STREET ADDRESS	118 MARIE DR	
CITY - ST - ZIP	POPELHURST, FLA. 32127	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-15-04 386-760-0923