

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010794

FILED
Mar 10, 2004
Secretary of State**Entity Name:** BEIT DAVID INTERNATIONAL MESSIANIC FELLOWSHIP, INC.**Current Principal Place of Business:**1219 E. 17TH AVENUE
TAMPA, FL 33605**New Principal Place of Business:****Current Mailing Address:**1219 E. 17TH AVENUE
TAMPA, FL 33605**New Mailing Address:****FEI Number:** 61-1459823**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**JEFFERSON, SHARON E
1219 E. 17TH AVENUE
TAMPA, FL 33605**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: JEFFERSON, SHARON E
Address: 1219 E. 17TH AVENUE
City-St-Zip: TAMPA, FL 33605**Title:** V () Delete
Name: KENDALL, RICK
Address: P.O. BOX 7847
City-St-Zip: PORT ST LUCIE, FL 34985**Title:** ST () Delete
Name: MARTIN, GURTEL
Address: 1812 FEWNCH CREED RD., #12
City-St-Zip: TAMPA, FL**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DR. (X) Change () Addition
Name: JEFFERSON, SHARON E
Address: 1219 E. 17TH AVENUE
City-St-Zip: TAMPA, FL 33605**Title:** V (X) Change () Addition
Name: PARAMOURE, RONDA
Address: POST OFFICE BOX 6283
City-St-Zip: BRANDON, FL 33508**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: APOSTLE SHARON E. JEFFERSON

DR.

03/10/2004

Electronic Signature of Signing Officer or Director

Date