

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90191 013 ****61.25

DOCUMENT # N34682

1. Entity Name
**BETH JUDAH MESSIANIC CONGREGATION
INCORPORATED**



Principal Place of Business
**3217 STATE ROAD 40
ORMOND BEACH, FL 32174**

Mailing Address
**3217 STATE ROAD 40
ORMOND BEACH, FL 32174**



04042007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-2927723

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MILLER, JERRY
3217 S.R. 40
ORMOND BEACH, FL 32174**

**DO NOT WRITE
IN THIS SPACE**

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 *Jerry Miller* *Jerry Miller* *4/4/07*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WYATT, WILLIAM 150 FORRESTER PL PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCKINNEY, DOUG 1906 CAROLINA AVE ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GINSBURG, KEITH 913 WOODMERE CIR ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DWARIKA, ROBERT 5932 PARK RIDGE CIR PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R MILLER, JERRY 122 HORSESHOE TR ORMOND BEACH, FL 32174 DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANFORD , AUDREY 541 GREEN SPRING CIR WINTER SPRINGS, FL 32708 SANFORD

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Jerry Miller* *Jerry Miller* *4/4/07* *(386) 672-8443*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #