

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 23 AM 9:12

DOCUMENT # N46451 (3)

1. Corporation Name
MESSIAH IS GOD FELLOWSHIP, INC.

Principal Place of Business

4361 ROCH IS. RD.
LAUDERHILL FL 33319
US

Mailing Address

P.O. BOX 450648
SUNRISE FL 33345

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1991

3a. Date of Last Report

02/03/1994

4. FEI Number

65-0302415

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

☒ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

23. City & State

23

Zip

Country

27. City & State

27

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

KONIUCHOWSKY, MARSHALL
9547 NW 38TH PLACE
~~SUITE 140~~
SUNRISE FL 33351

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 607.0502 and 607.1508, 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 607.0505, 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

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

KONIUCHOWSKY, MARSHALL

9547 NW 38TH PLACE

SUNRISE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VPD

KONIUCHOWSKY, ROBERTA

9547 NW 38TH PLACE

SUNRISE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TD

SIMKIN, GABE

20515 E. COUNTRY CLUB DR. #1042

NORTH MIAMI BEACH FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed by an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0047833