

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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 450848
SUNRISE FL 33345**



3. Date Incorporated or Qualified
12/13/1991

3a. Date of Last Report
01/23/1995

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21 **4361 ROCK ISLAND RD.**

2a. Mailing Address

26 **4361 ROCK ISLAND RD.**

Suite, Apt. #, etc.

22 **LAUDERHILL**

Suite, Apt. #, etc.

27 **LAUDERHILL**

City & State

23 **FLORIDA**

City & State

28 **FLORIDA**

Zip

24 **33319**

Country

25 **USA**

Zip

29 **33319**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**KONIVCHOWSKY, MARSHALL
9547 NW 38TH PLACE
SUNRISE FL 33351**

10. Name and Address of New Registered Agent

81 Name **GABRIEL SIMKIN**
82 Street Address (P.O. Box Number is Not Acceptable)
20515 E. COUNTRY CLUB DR. #1042
83
84 City **N. MIAMI BEACH** FL 85 Zip Code **33180**

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

Gabriel Simkin

GABRIEL SIMKIN PASTOR/PRES.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KONIUCHOWSKY, MARSHALL	
STREET ADDRESS	9547 NW 38TH PLACE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	KONIUCHOWSKY, ROBERTA	
STREET ADDRESS	9547 NW 38TH PLACE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SIMKIN, GABE	
STREET ADDRESS	20515 E. COUNTRY CLUB DR. #1042	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	GABRIEL SIMKIN	
13 STREET ADDRESS	20515 E. COUNTRY CLUB DR. #1042	
14 CITY-ST-ZIP	NORTH MIAMI BEACH, FL. 33180	
21 TITLE	VICE-PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	BARRY VIVIERS	
23 STREET ADDRESS	8230 S.W. 342 ST	
24 CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068	
31 TITLE	SECY/TREAS./DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	RENE SIMKIN	
33 STREET ADDRESS	20515 E. COUNTRY CLUB DR #1042	
34 CITY-ST-ZIP	NORTH MIAMI BEACH, FL	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	000001800020	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	-04/29/96--01130--003	
53 STREET ADDRESS	***70.00	
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gabriel Simkin

GABRIEL SIMKIN 4-16-96 (954) 485-3125

Date

Daytime Phone

CR2E037 (12/95)