FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N46451

 Corporation 	n Name							
MESSIAH IS GOD FELLOWSHIP, INC.								
IVILOUIAI	, IO GOD I ELECTRORIA ; III	.				* 3 4 7 347449 - 901	4 9	
						34/449 - 901	16 - 25 —————	
Principal Place	of Business	Mailing Address				-		
						C CONTRACTOR AND ALCOHOLDER OF BRIDE LIBER ALCOHOLDER		111 1111 11 1
4361 ROCK ISLAND RD. 4361 ROCK ISLAND RD. LAUDERHILL FL 33319 LAUDERHILL FL 33319								
US US							ADAN DIBAN BABAN BABAR	
	•							
	•							
Principal Place of Business Za. Mailing Address						Date incorporated or Qualifed		
21	26				12/13/1991			
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			4. FEI Number	App	lied For
22	يراث مساجين مايكا	27				65-0302415	Not	Applicable
City & State	9 .	City & State				5. Certificate of Status Desired	\$8.75 Ac	
23	28					3. Certificate of Status Desired	Fee Req	uired
Zip	Country Zip Co		Coun	untry 6		6. Election Campaign Financing	\$5.00 N	May Be
24	25	29 3	0			Trust Fund Contribution	Added to	Fees
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New Registere	d Agent	
				81 N	ame ·			İ
SIMKIN, GABRIEL				82 Street Address (P.O. Box Number is Not Acceptable)				
20515 E. COUNTRY CLUB DR. #1042				-	iioo: / idaio	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
N. MIAMI BEACH FL 33180				83	-			1
14. MINAMIL I	BEACH FE 33 100		-				. 85 Zip Co	ode
			'	84 C	ity	F		
11. Pursuant	to the provisions of Sections 617.0502	2 and 617.1508, Florida Statutes	, the ab	ove-na	amed corpo	pration submits this statement for the purpose	of changing its r	egistered
l office or n	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auti	nonzea	Dy INE	corporation	in's board of directors. I hereby accept the app	ointment as regi	istered
1	m tamıllar wun, and açcept the obligat	dons of, section of 7.0000, Florid	o Olala					Į
SIGNATURE	Signature, typed or printed name of registered agen	at and title if applicable. (NOTE: Ro	legistered A	gent sign	nature required	when reinstating) DATE		
12.		D DIRECTORS	13.		-	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
πιε			1.1 1111	E			☐ Change	Addition)
NAME	• •		1.2 NA	Æ				
STREET ADDRESS	The state of the s			EET ADD	DRESS	•		
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180				Y-ST-ZIF				
TITLE				2.1 TITLE			Change	☐ Addition
NAME			2.2 NAM	2.2 NAME			•	
STREET ADDRESS	*			2.3 STREET ADORESS				
				2.4 CITY-ST-ZIP		Expression of the Control of the Con	-	
CITY-ST-ZIP TITLE			3.1 TIT				Change	☐ Addition
	- SID /		1	3.2 NAME				
Olivina, relate			1	EET ADI	neess			
CINCERNATION LOCAL CONTRACT OF THE WAY			1					
CITY-ST-ZIP	NORTH: MIAMI BEACH FL	☐ DELETE	3.4. CIT	Y-ST-ZII			Change	☐ Addition
TITLE	,t		4.1 IIII					
NAME		•	#. Z NA	MC				

CITY-ST-ZIP 14. 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 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 an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZiP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME -

☐ DELETE

☐ DELETE

305 485 3125

☐ Change

☐ Change

☐ Addition

☐ Addition

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90116 025 ****61.25