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

FILED
Aug 20, 1996 08:00 AM
Secretary of State

DOCUMENT # **N47816** **(6)**

1. Corporation Name

BETH JACOB MESSIANIC CONGREGATION, INC.

Principal Place of Business	Mailing Address
8789 SAN JOSE BLVD 304 JACKSONVILLE FL 32217 US	5111-6 BAYMEADOWS ROAD SUITE 234 JACKSONVILLE FL 32217

2. Principal Place of Business	2a. Mailing Address
21	26 8789 SAN Jose BLVD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 304
City & State 23	City & State 28 JACKSONVILLE, FLA.
Zip 24 / Country 25	Zip 29 32217 / Country 30 USA

3. Date Incorporated or Qualified: 03/10/1992	3a. Date of Last Report: 08/10/1995
4. FEI Number: 59-3174191	☐ 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	

9. Name and Address of Current Registered Agent

COHEN, ROBERT M.
5111-6 BAYMEADOWS ROAD
SUITE 234
JACKSONVILLE FL 32217

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	COHEN, ROBERT M.		1.2 NAME		
STREET ADDRESS	12189 MESA VERDE TRAIL		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32223		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	COHEN, ROXANNE G.		2.2 NAME		
STREET ADDRESS	12189 MESA VERDE TRAIL		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32223		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BEAIRD, JOHN W.		3.2 NAME		
STREET ADDRESS	4770 FRANCIS ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BEAIRD, JOYCE, A.		4.2 NAME		
STREET ADDRESS	4770 FRANCIS ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CATES, HOSEA F J		5.2 NAME		
STREET ADDRESS	5291 COLLINS ROAD #330		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32244		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: Robert Cohen 7-26-96 904-731-9636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #