SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Aug 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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	8789 SAN JOSE BLVD SUITE 304 JACKSONVILLE FL 32217 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/10/1992
3a. Date of Last Report: 08/20/1996
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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 Robert Cohen 8-1-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 (4/97)

14. I do 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 on an attachment with an address.

SIGNATURE: Robert Cohen 8-1-97 904-737-9631