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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| 1998 DIVISION OF CORPORATIONS DOCUMENT # N47816 (6) BETH JACOB MESSIANIC CONGREGATION, INC. | 1416 |
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| BETH JACOB MESSIANIC CONGREGATION, INC. | iaic |
| f denter mit bente generalische der dente | |
| | |
| Principal Place of Business Mailing Address | #1885 #1811 1885 |
| 8789 SAN JOSE BLVD 8789 SAN JOSE BLVD 3. Date Incorporated or Qualified | |
| US US 4. FEI Number | Applied For Not Applicable |
| 2 Principal Place of Business 2a. Mailing Address 5. Certificate of Status Desired \$8.75 | Additional Required |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 |) Мау Ве |
| 22 27 Trust Fund Contribution ☐ Added City & State City & State 7. Is this nonprofit corporation a homeowners associal | to Fees |
| 23 28 | |
| Zip Country Zip Country 8. This corporation owes or has paid the current year Personal Property Tax due June 30. Yes | Intangible |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent | |
| 81 Name | |
| COHEN, ROBERT M. 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 51116 BAYMEADOWS ROAD 12/89 MESA VERDE TRAIL | |
| JACKSONVILLE EL 32217 | |
| SA City JACKSONUILE FL S Zi | 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 office or registered agent, or both, in the State of Florida. Such changing on a submitzed by the corporation's board of directors. I hereby accept the appointment of the state of | its registered |
| agent. Familian with and accept the poligations of, Section 617.0003, Florida Statutes. | is registerea |
| SIGNATURE Kohen (-13-9) | - |
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| Signatible, typed or printed name of registered egent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE | DRS IN 12 |
| Signative, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE | |
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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 on an attachment with an address.

SIGNATURE:

FILED

Feb 02 1998 8:00am