2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2002
Secretary of State

DOCUMENT# N47816

Entity Name: BETH JACOB MESSIANIC CONGREGATION, INC.

Current Principal Place of Business:

8789 SAN JOSE BLVD
304
JACKSONVILLE, FL 32217 US

New Principal Place of Business:

Current Mailing Address:

8789 SAN JOSE BLVD
SUITE 304
JACKSONVILLE, FL 32217 US

New Mailing Address:

FEI Number: 59-3174191 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, ROBERT M.
12189 MESA VERDE TRAIL
SUITE 234
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	COHEN, ROBERT M.,	
Address:	12189 MESA VERDE TRAIL	
City-St-Zip:	JACKSONVILLE, FL 32223	
Title:	D	( ) Delete
Name:	HUNGER, KEVIN	
Address:	4047 TIMUQUANA RD	
City-St-Zip:	JACKSONVILLE, FL 32210	
Title:	D	( ) Delete
Name:	GRAY, RICK	
Address:	10928 HAMILTON BOWNS CT.	
City-St-Zip:	JACKSONVILLE, FL 32257	
Title:	D	( ) Delete
Name:	COHEN, ROXANNE	
Address:	92189 MESA VERDE TRAIL	
City-St-Zip:	JACKSONVILLE, FL 32223	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROXANNE COHEN D 09/19/2002

Electronic Signature of Signing Officer or Director — Date