2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State
07-16-2004 90009 004 ****61.25

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DOCUMENT # N47816

1. Entity 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

07122004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
8535 Baymeadows Rd.	8535 Baymeadows Rd.
Suite, Apt. #, etc.: Suites 54, 55, 56	Suite, Apt. #, etc.: Suites 54, 55, 56
City & State: Jacksonville, FL 32256	City & State: Jacksonville, FL ?
Zip: 32256 Country: U.S.A.	Zip: 32256 Country:

4. FEI Number 59-3174191 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COHEN, ROBERT M. 12189 MESA VERDE TRAIL SUITE 234 JACKSONVILLE, FL 32223	Name: Wendilynne D. Hunger Street Address (P.O. Box Number is Not Acceptable): 4041 Timuquana Road City: Jacksonville, FL Zip Code: 32210

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Wendilynne D Hunger July 12, 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COHEN, ROBERT M. 12189 MESA VERDE TRAIL JACKSONVILLE, FL 32223	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Amnon Shor 4041 Timuquana Road Jacksonville, FL 32210	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUNGER, KEVIN 4047 TIMUQUANA RD JACKSONVILLE, FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRAY, RICK 10928 HAMILTON BOWNS CT. JACKSONVILLE, FL 32257	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COHEN, ROXANNE 92189 MESA VERDE TRAIL JACKSONVILLE, FL 32223	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kevin Hunger 7/12/2004 (904) 389-2296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #