2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47816

FILED Feb 16, 2005 Secretary of State

Entity Name: BETH ISRAEL MESSIANIC CONGREGATION, INC.

Current Pr	incipal Place of B	usiness:	New Principal Place of Business:		
8535 BAYMEADOWS RD STES 54,55,56 JACKSONVILLE, FL 32256 US			8535 BAYMEADOWS RD SUITE 56 JACKSONVILLE, FL 32256 US		
Current Ma	ailing Address:		New Mailing Address:		
8535 BAYMEADOWS RD STES 54,55,56 JACKSONVILLE, FL 32256 US			8535 BAYMEADOWS RD SUITE 56 JACKSONVILLE, FL 32256 US		
FEI Number:	59-3174191 FE	Number Applied For () FEI Nu	mber Not Appl	cable () Cert	ificate of Status Desired ()
Name and	Address of Curre	nt Registered Agent:	Name and Address of New Registered Agent:		
4041 TIMÚ(JACKSON)	WENDILYNNE GUANA RD VILLE, FL 32210	US	HUNGER, WENDILYNNE 4041 TIMUQUANA RD JACKSONVILLE, FL 32210 US of changing its registered office or registered agent, or both,		
in the State		its this statement for the purpose t	or changing i	s registered office	or registered agent, or both,
SIGNATURE:					02/16/2005
Electronic Signature of Registered Agent Date					
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO C	OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	D () Delet SHOR, AMNON 4041 TIMUQUANA RE JACKSONVILLE, FL D () Delet HUNGER, KEVIN 4047 TIMUQUANA RE JACKSONVILLE, FL) 32210 e	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	BURNS, PAMELA 9499 BEAUCLERC O JACKSONVILLE, FL	
Title: Name: Address: City-St-Zip:	D () Delet GRAY, RICK 10928 HAMILTON BC JACKSONVILLE, FL	WNS CT.	Title: Name: Address: City-St-Zip:	()Chan	ge () Addition
Title: Name: Address: City-St-Zip:	()Delet	e	Title: Name: Address: City-St-Zip:	D () Chan HUNGER, WENDILYN 4041 TIMUQUANA RO JACKSONVILLE, FL	DAD
Title: Name: Address: City-St-Zip:	()Delet	е	Title: Name: Address: City-St-Zip:	D () Chan YAHRE, MELVIN 3688 ST. ANDREWS GREEN COVE SPRIN	

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: WENDILYNNE D. HUNGER D 02/16/2005