

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N93000001218 (7)**

1. Corporation Name

MELECH YISRAEL MESSIANIC SYNAGOGUE, INC.



Principal Place of Business

Mailing Address

~~9970 ROA BLVD. STE 7000~~
PALM BEACH GARDENS FL 33410-4234

~~9970 ROA BLVD. STE 7000~~
PALM BEACH GARDENS FL 33410-4234

3. Date Incorporated or Qualified
04/12/1993

3a. Date of Last Report
01/24/1995

2. Principal Place of Business

2a. Mailing Address

21 **3951 HAVERHILL RD STE 109**

26 **3951 HAVERHILL RD**

4. FEI Number
65-0401191

Applied For
Not Applicable

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 **WEST PALM BEACH FL 33417**

27 **SUITE 109**

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KLUGE, CHARLES IAN
6825 BRIARLAKE CIRCLE
PALM BEACH GARDENS FL 33418**

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

Richard D. Greenfield
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/96
DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **KLUGE, CHARLES IAN RABBI**
STREET ADDRESS **6825 BRIARLAKE CIRCLE**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **VD** ☐ DELETE
NAME **KLUGE, RHODA E**
STREET ADDRESS **6825 BRIARLAKE CIRCLE**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **SDT** ☐ DELETE
NAME **GREENFIELD, RICHARD D.**
STREET ADDRESS **4160 GULF STREAM RD.**
CITY-ST-ZIP **LAKE WORTH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP **33461**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Richard D. Greenfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/96
Date

(407) 689-6670
Daytime Phone #

CP2E037 (12/95)