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NONPROFIT **CORPORATION** ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Apr 03 1997 8:00am

Secretary of State

e Phone # 0038332

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N93000001218 (7) DOCUMENT # 1, Corporation Name

MELECH YISRAEL MESSIANIC SYNAGOGUE, INC.

	e of Business		Mailing Address	3				
3951 HAVERHILL	. RD STE 109		3951 HAVERHILL	RD				
West Palm be/	ACH FL 33417		SUITE 109	AL EL AA417				
US			WEST PALM BEAG US	CH FL 33417	7-6112	3. Date Incorporated or Qualifier 04/12/1993	3a. Date of Last R 04/29/199	eport 96
2. Principal Pla	ace of Business		2a. Mailing Addr	ress		4. FEI Number	Ap	plied For
1		26		65-0401191	No	t Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Addition				
2			27			G. Confined of States Desired	Fee Re	
City & State	9		City & State			6. Election Campaign Financing		
7:0		au pho	26 Zip		Country	Trust Fund Contribution	Added	
. Zip	}	ountry	·	-	-	This corporation has liability for Florida Statutes	or Intangible tax under s Yes No	. 199.032,
4	Q Name and A	ddress of Curren	29 t Registered Agent	30	ν <u>1</u>	10. Name and Address of New I		
	3. 110/10 and F	001000	t trogistored Agent		81 Name	10. 144110 2.10 2.40410 01 11441	rogistored regard	
VILIOE (CHARLES IAN							
	iarlake circu	:			82 Street Ad-	dress (P.O. Box Number is Not Accept	table)	
	ACH GARDENS				83			
PALM DE	ACH GANDENS	FL 33410						
					84 City		85 Zip (Code
11 Purcuant t	to the provisions of	Sections 617 050	2 and 617 1508 Flori	da Statutes	the shove-named co	vooration submits this statement for the	e purpose of changing it	e registerer
office or re	egistered agent, or	both, in the State	of Florida. Such char	nge was aut	horized by the corpor	orporation submits this statement for the ration's board of directors. I hereby according to the result of the results are results as a second of the results are results as a	cept the appointment as	registered
agent. I ar	m familiar with, and	accept the obliga	ations of, Section 617.	.0503, Floric	da Statutes.			
SIGNATURE _	Stockhild bond or grante	d name of registered age	ot and title if anoticable	/NOTE: D	legistered Agent signature req	uled when reinstation	DATE	
12.	organizative, rypand or printe	OFFICERS AND	·	(NOTE III	13.	ADDITIONS/CHANGES TO OF		RS IN 12
TITLE	PD		□ DI	ELETE	1,1 TITLE		☐ Change	Addition
NAME	. –	RLES IAN RABBI	 -		■ /		-	
					■ 3.2 NAME			
STREET ANDRESS					1.2 NAME 1.3 STREET ADDRESS			
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