

DOCUMENT # **93000001218**
 1. Entity Name

MELECH YISRAEL MESSIANIC SYNAGOGUE, INC.

Principal Place of Business

3951 HAVERHILL RD STE 109
 WEST PALM BEACH FL 33417
 US

Mailing Address

3951 HAVERHILL RD
 SUITE 109
 WEST PALM BEACH FL 33417-8112
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0401191

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. 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 33461**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

00 FEB 25 PM 2:12

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CP2E037 (9/99)