

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001218

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
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

4. FEI Number

65-0401191

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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

TITLE SDT
NAME GREENFIELD, RICHARD D.
STREET ADDRESS 4160 GULF STREAM RD.
CITY-ST-ZIP LAKE WORTH FL 33461 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
NAME
STREET ADDRESS 5929 GOLDEN EAGLE CIR
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418 ☒ Change ☐ Addition

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90045 049 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)