FILED

561-689-6670

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

Apr 10, 2002 8:00 am Secretary of State DOCUMENT # N9300001218 1. Entity Name 4-10-2002 90472 034 ****61 25 MELECH YISRAEL MESSIANIC SYNAGOGUE, INC. Principal Place of Business Mailing Address 3951 HAVERHILL RD STE 109 3951 HAVERHILL RD B0062766 WEST PALM BEACH FL 33417 **SUITE 109** WEST PALM BEACH FL 33417 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0401191 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name *Street Address (P.O. Box Number is Not Acceptable) -KLUGE, CHARLES IAN 6825 BRIARLAKE CIRCLE PALM BEACH GARDENS FL 33418 City 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. (9/01) TITLE Delete TIT) E ☐ Change ☐ Addition NAME NAME KLUGE, CHARLES IAN RABBI E037 STREET ADDRESS STREET ADDRESS 6825 BRIARLAKE CIRCLE CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33418 □ Addition TITLE ☐ Delete TITLE NAME kluge, rhoda e NAME STREET ADDRESS STREET ADDRESS 6825 BRIARLAKE CIRCLE CITY-ST-ZIP PALM BEACH GARDENS FL 33418 CITY-ST-ZIP Change ☐ Addition TITLE SDT ☐ Defete TITLE NAME GREENFIELD, RICHARD D. NAME 5886 GOLDEN EAGLE CIR STREET ADDRESS 5929 GLODEN EAGLE CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -PALM BEACH GRDNS FL-33478 ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE DDE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of 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 employered 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.