

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 # **N93000003788 (7)**

1. Corporation Name

SHUVEE MESSIANIC CONGREGATION, INC.



Principal Place of Business

Mailing Address

2715 NORTH HARBOR CITY BLVD.
STE. 7
MELBOURNE FL 32935

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STE. 7
MELBOURNE FL 32935

3. Date Incorporated or Qualified
08/23/1993

3a. Date of Last Report
03/03/1995

2. Principal Place of Business

2a. Mailing Address

21

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4. FEI Number
59-3195406

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 Zip

Country

28 Zip

Country

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEILBYE, JOHN F
2715 NORTH HARBOR CITY BLVD.
STE. 7
MELBOURNE FL 32935

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D
STREET ADDRESS MEILBYE, JOHN F
CITY - ST - ZIP 133 TEQUESTA HARBOR DRIVE
MERRITT ISLAND FL 32952

1.1 TITLE DIRECTOR ☐ Change ☒ Addition
1.2 NAME TAYLOR, ALFRED DALE
1.3 STREET ADDRESS 929 GABLES WAY
1.4 CITY - ST - ZIP MELBOURNE, FL 32954

TITLE ☐ DELETE
NAME D
STREET ADDRESS MEILBYE, PATTI J
CITY - ST - ZIP 133 TEQUESTA HARBOR DRIVE
MERRITT ISLAND FL 32952

2.1 TITLE DIRECTOR - TREASURER ☐ Change ☒ Addition
2.2 NAME KATZ - TAYLOR, FELICIA
2.3 STREET ADDRESS 929 GABLES WAY
2.4 CITY - ST - ZIP MELBOURNE FL 32940

TITLE ☐ DELETE
NAME D BORSOS
STREET ADDRESS MARINO, EDITH
CITY - ST - ZIP 766 WHITE PINE AVENUE
ROCKLEDGE FL 32055

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME BORSOS, EDITH
3.3 STREET ADDRESS 303 FOREST PARK DR
3.4 CITY - ST - ZIP HENDERSONVILLE, NC 28792

TITLE ☐ DELETE
NAME D
STREET ADDRESS SPERLING, MARCIA A
CITY - ST - ZIP 3645 BARNA AVENUE STE. 30C
TITUSVILLE FL 32780

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

TITLE ☐ DELETE
NAME D
STREET ADDRESS WILLIAMS, WILLIAM B
CITY - ST - ZIP 1745 FIG TREE DRIVE
TITUSVILLE FL 32780

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

TITLE ☐ DELETE
NAME D
STREET ADDRESS WILLIAMS, SANDRA S
CITY - ST - ZIP 1745 FIG TREE DRIVE
TITUSVILLE FL 32780

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)