

FILE NOW: FILING FEE IS \$61.25

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Apr 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. North</b> Secretary of State DIVISION OF CORPORATIONS
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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**

**2715 NORTH HARBOR CITY BLVD.  
STE. 7  
MELBOURNE FL 32935-6255**

3. Date Incorporated or Qualified

**08/23/1993**

3a. Date of Last Report

**02/21/1996**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

**59-3195406**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MEILBYE, JOHN F</b>	
STREET ADDRESS	<b>133 TEQUESTA HARBOR DRIVE</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL 32952</b>	<b>(PRESIDENT OF CORP)</b>
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MEILBYE, PATTI J</b>	
STREET ADDRESS	<b>133 TEQUESTA HARBOR DRIVE</b>	<b>(DIRECTOR)</b>
CITY-ST-ZIP	<b>MERRITT ISLAND FL 32952</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BORSOS, EDITH</b>	
STREET ADDRESS	<b>303 FOREST PARK DRIVE</b>	
CITY-ST-ZIP	<b>HENDERSONVILLE NC</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SPEARLING, MARCIA A</b>	
STREET ADDRESS	<b>3645 BARNA AVENUE STE. 30C</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL 32780</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLIAMS, WILLIAM B</b>	
STREET ADDRESS	<b>1745 FIG TREE DRIVE</b>	<b>DIRECTOR</b>
CITY-ST-ZIP	<b>TITUSVILLE FL 32780</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLIAMS, SANDRA S</b>	
STREET ADDRESS	<b>1745 FIG TREE DRIVE</b>	<b>DIRECTOR</b>
CITY-ST-ZIP	<b>TITUSVILLE FL 32780</b>	

1.1 TITLE	<b>DIRECTOR (D)</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>TAYLOR, ALFRED DALE</b>	
1.3 STREET ADDRESS	<b>929 GABLES WAY</b>	
1.4 CITY-ST-ZIP	<b>MELBOURNE, FL 32940</b>	
2.1 TITLE	<b>DIRECTOR - TREASURER (D,T)</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>KATE - TAYLOR, FELICIA</b>	
2.3 STREET ADDRESS	<b>929 GABLES WAY</b>	
2.4 CITY-ST-ZIP	<b>MELBOURNE, FL 32940</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

**JOHN F. MEILBYE, JR** 4/11/97 (407) 861-0727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0019556

CP2E037 (9/96)