


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000003788</b>	
1. Entity Name SHUVEE MESSIANIC CONGREGATION, INC.	

Principal Place of Business 2715 NORTH HARBOR CITY BLVD STE 7 MELBOURNE, FL 32935	Mailing Address 2715 NORTH HARBOR CITY BLVD STE 7 MELBOURNE, FL 32935
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01202004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3195406	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  MEILBYE, JOHN F 2715 NORTH HARBOR CITY BLVD. STE. 7 MELBOURNE, FL 32935
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**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

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

U00000122794  
04/21/04-80042-020 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEILBYE, JOHN F 133 TEQUESTA HARBOR DRIVE MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEILBYE, PATTI J 133 TEQUESTA HARBOR DRIVE MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, ALFRED D 929 GABLES WAY MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KATZ-TAYLOR, FELICIA 929 GABLES WAY MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 any address, with all other like empowered.

**SIGNATURE:** John F. Meilbye Jr **JOHN F. MEILBYE JR** 4/19/04 321-459-0175  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #