


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

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

<b>Principal Place of Business</b> 2715 NORTH HARBOR CITY BLVD. STE. 7 MELBOURNE FL 32935	<b>Mailing Address</b> 2715 NORTH HARBOR CITY BLVD. STE. 7 MELBOURNE FL 32935
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

<b>6. Name and Address of Current Registered Agent</b>  MEILBYE, JOHN F 2715 NORTH HARBOR CITY BLVD. STE. 7 MELBOURNE FL 32935
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<b>4. FEI Number</b> 59-3195406	Applied For <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>7. Name and Address of New Registered Agent</b>	
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. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P MEILBYE, JOHN F 133 TEQUESTA HARBOR DRIVE MERRITT ISLAND FL 32952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000229099 02/14/05-80068-001 61.25
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MEILBYE, PATTI J 133 TEQUESTA HARBOR DRIVE MERRITT ISLAND FL 32952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D TAYLOR, ALFRED D 929 GABLES WAY MELBOURNE FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DT KATZ-TAYLOR, FELICIA 929 GABLES WAY MELBOURNE FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** John F. Meilbye Jr **JOHN F. MEILBYE JR** 2/7/05 34-459-0175  
\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #