


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 11 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000000723 (4)**  
 1. Corporation Name  
**INTERNATIONAL FEDERATION OF MESSIANIC JEWS, INC.**



Principal Place of Business	Mailing Address
13018 GUNN HWY. ODESSA FL 33556	13018 GUNN HWY. ODESSA FL 33556

3. Date Incorporated or Qualified	02/01/1996
4. FEI Number	59-3513544
APPLIED FOR	Applied For
	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**LEVI, W. HAIM**  
**13018 GUNN HWY.**  
**ODESSA FL 33556**

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEVI, W. HAIM	
STREET ADDRESS	8609 BETH CT.	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	LEVI, RACHELLE S	
STREET ADDRESS	8609 BETH CT.	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOELNER, HARVEY	
STREET ADDRESS	4751 N.W. 24TH CT.	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33313	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GEORGE QUINN	
1.3 STREET ADDRESS	1300 RIO GRANDE AVE	
1.4 CITY-ST-ZIP	EL PASO, TX 79902	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	STEPAKOFF, MICHAEL	
2.3 STREET ADDRESS	220 E. MADISON AVE, SUITE 1010	
2.4 CITY-ST-ZIP	TAMPA, FL 33602	
3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LEVI, RACHELLE S.	
3.3 STREET ADDRESS	8609 BETH CT.	
3.4 CITY-ST-ZIP	ODESSA, FL 33556	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BOGARD, ELIEZER	
4.3 STREET ADDRESS	ALPAREZ, RASHIA MORAMI, APTD 2A	
4.4 CITY-ST-ZIP	URB EL PARAISO, CARACAS, VENEZUELA 1020	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	OLIVARES, RUDOLFO	
5.3 STREET ADDRESS	APT. POSTAL, 501, CENTRO DE GOBIERNO	
5.4 CITY-ST-ZIP	SAN SALVADOR, EL SALVADOR, C.A.	
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 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: \_\_\_\_\_

CR2E037 (1097)