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**Jul 07, 1999 8:00 am**  
**Secretary of State**

07-07-1999 90002 037 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # N96000000723** ✓

1. Corporation Name

**INTERNATIONAL FEDERATION OF MESSIANIC JEWS, INC.**

Principal Place of Business

13018 GUNN HWY.  
 ODESSA FL 33556

Mailing Address

13018 GUNN HWY.  
 ODESSA FL 33556



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

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2a. Mailing Address

26 PO Box 271708

27 Suite, Apt. #, etc.

28 City & State

29 TAMPA FL

30 Zip

31 33688

32 Country

33 USA

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3. Date Incorporated or Qualified

02/01/1996

4. FEI Number

59-3513544

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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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

TITLE ☐ DELETE

NAME PD. LEVI, W. HAIM

STREET ADDRESS 8609 BETH CT.

CITY-ST-ZIP ODESSA FL 33556

TITLE ☐ DELETE

NAME SD. LEVI, RACHELLE S

STREET ADDRESS 8609 BETH CT.

CITY-ST-ZIP ODESSA FL 33556

TITLE ☒ DELETE

NAME D. KOELNER, HARVEY

STREET ADDRESS 4751 N.W. 24TH CT.

CITY-ST-ZIP LAUDERDALE LAKES FL 33313

TITLE ☐ DELETE

NAME VP. QUINN, GEORGE

STREET ADDRESS 1300 RIO GRANDE AVE

CITY-ST-ZIP EL PASO TX 79902

TITLE ☒ DELETE

NAME T. STEPAKOFF, MICHAEL

STREET ADDRESS 220 E MADISON AVE, SUITE 1010

CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ DELETE

NAME D. BOGRAD, ELIEZER

STREET ADDRESS AU.PAEZ.RESID.MOROMI, APT0 2A

CITY-ST-ZIP URB EL PARAISO CA 94102

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME VP. GEORGE QUINN

4.3 STREET ADDRESS 1401 SO. VINTON RD.

4.4 CITY-ST-ZIP ANTHONY, NM 88021

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

*W. Haim Lev*

W. HAIM LEV.

JUNE 29/'99

813-920-0864

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)