


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N96000001684 (7)**

1. Corporation Name

**MESSIANIC REVIVAL MINISTRIES, INC.**

Principal Place of Business

Mailing Address

**13250 RIDGE RD  
#10-3  
LARGO FL 33778  
US**

**P.O. BOX 2272  
GAITHERSBURG MD 20886-2272  
US**

3. Date Incorporated or Qualified

**03/27/1996**

4. FEI Number

**65-0652025**

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORGAN, LORETTA  
13250 RIDGE RD  
#10-3  
LARGO FL 33778**

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 **PD** ☐ DELETE  
NAME **GREENBERG, JEREMIAH**  
STREET ADDRESS **~~20408 HANGOCK BRIDGE PL~~**  
CITY - ST - ZIP **~~GAITHERSBURG MD~~**

TITLE **SD** ☐ DELETE  
NAME **BURKE, MARY**  
STREET ADDRESS **3118 ELMWOOD AVENUE, #27**  
CITY - ST - ZIP **ROCHESTER NY 14618**

TITLE **TD** ☐ DELETE  
NAME **GREENBERG, MOSES**  
STREET ADDRESS **2119 SHEPHERDSTOWN ROAD**  
CITY - ST - ZIP **MARTINBURG WV 25401**

TITLE **VD** ☐ DELETE  
NAME **GLUECK, JOHN**  
STREET ADDRESS **14642 S. 25TH PLACE**  
CITY - ST - ZIP **PHOENIX AZ 85038**

TITLE **D** ☐ DELETE  
NAME **TMEIZEH, JAN**  
STREET ADDRESS **1842 OLD HARRIMAN HIGHWAY**  
CITY - ST - ZIP **OLIVER SPRINGS TN 37840**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP **458 College Parkway  
Rockville, MD 20850**

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  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

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.

SIGNATURE:

*Jan Tmeizeh*

**3/14/98 (301)517-5710**

CR2E037 (10/97)