

FILE NOW: FILING FEE IS \$61.25

FILED

May 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003311 (5)

1. Corporation Name

BAYT TEFILLAH MESSIANIC GROUP, INC.



Principal Place of Business

Mailing Address

66 SOUTHWEST CABANA POINT
STUART FL 34994

66 SOUTHWEST CABANA POINT
STUART FL 34994-4803

3. Date Incorporated or Qualified
06/20/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

28 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number
65-0674129

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name
LYNN J. STEMLE

82 Street Address (P.O. Box Number is Not Acceptable)
66 SW CABANA POINT

83

84 City
STUART

85 FL

85 Zip Code
34994

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 LYNN STEMLE

Signature, typed or printed name of registered agent and title if applicable

Lynn J. Stemle

NOTE: Registered agent signature required when reinstating

19 February 1997

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CALLEN, WALLACE H
STREET ADDRESS 66 SOUTHWEST CABANA POINT
CITY-ST-ZIP STUART FL 34994 DELETE

1.1 TITLE
1.2 NAME 2441 SW WASHINGTON ST.
1.3 STREET ADDRESS PORT ST LUCIE, FL 34953 Change Addition
1.4 CITY-ST-ZIP

TITLE VTD
NAME BUHRKE, AL
STREET ADDRESS 66 SOUTHWEST CABANA POINT
CITY-ST-ZIP STUART FL 34994 DELETE

2.1 TITLE
2.2 NAME 557 WOOD CREEK DRIVE
2.3 STREET ADDRESS PALM CITY, FL 34990 Change Addition
2.4 CITY-ST-ZIP

TITLE SD
NAME STEMLE, LYNN J
STREET ADDRESS 66 SOUTHWEST CABANA POINT
CITY-ST-ZIP STUART FL 34994 DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP Change Addition

14. I do 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: *William H. Wall* ORIGINAL NOT REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

19 February 1997 561-283-2198

CR2E037 (9/96)