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FILED
Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000003311 (5)
1. Corporation Name
BAYT TEFILLAH MESSIANIC GROUP, INC.



Principal Place of Business 66 SOUTHWEST CABANA POINT STUART FL 34994	Mailing Address 66 SOUTHWEST CABANA POINT STUART FL 34994
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3. Date Incorporated or Qualified 06/20/1996	
4. FEI Number 65-0674129	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 checked="" 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 checked="" type="checkbox"/> No	

2. Principal Place of Business 21 2441 S.W. WASHINGTON ST Suite, Apt. #, etc. 22 PORT ST LUCIE, FL City & State 23 Zip 24 34993	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 25 USA 30
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9. Name and Address of Current Registered Agent
**STEMLE, LYNN J
66 S.W. CABANA POINT
STUART FL 34994**

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 **LYNN J. STEMLE** *Lynn J. Stemle* **3 Feb '98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CALLEN, WALLACE H 2441 S.W. WASHINGTON ST PORT ST LUCIE FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BUHRKE, AL 557 WOOD CREEK DRIVE PALM CITY FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEMLE, LYNN J 66 SOUTHWEST CABANA POINT STUART FL 34994	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE		
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		
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: *William H. Call* **3 FEB 98 661-383-2198**

CR2E037 (10/97)