

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000005142

1. Entity Name
SHORESH DAVID MESSIANIC CONGREGATION, INC.



Principal Place of Business
**4320 BAY TO BAY BLVD
TAMPA, FL 33629 US**

Mailing Address
**4320 BAY TO BAY BLVD
TAMPA, FL 33629 US**



01032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3463563

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WEILER, STEVE
4830 W BAY VILLA
TAMPA, FL 33611**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEEF, RON 3403 BROOKSHIRE CT TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDSTEIN, DON 2313 SUNVIEW AVENUE VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEILER, STEVE 4830 W BAY VILLA TAMPA, FL 33611
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/12/07-80056-010 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVE J. WEILER 1/10/07 813/831-5673

Date Daytime Phone #