

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005470

**FILED
Apr 09, 2004
Secretary of State**

Entity Name: BETH ELOHIM MESSIANIC SYNAGOGUE, INC.

Current Principal Place of Business:

6125 COLONY CIRCLE
WEEKI WACHEE, FL 34607

New Principal Place of Business:

2009 S. MOONLIT PT.
HOMOSASSA, FL 34448

Current Mailing Address:

P O BOX 203
LECANTO, FL 34460 US

New Mailing Address:

FEI Number: 59-3479342 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, WILFRED H
6125 COLONY CIRCLE
WEEKI WACHEE, FL 34607

Name and Address of New Registered Agent:

DAVIS, WILFRED H
2009 S. MOONLIT PT.
HOMOSASSA, FL 34448

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.

SIGNATURE: WILFRED H. DAVIS

04/09/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DAVIS, WILFRED H
Address: 6125 COLONY CIRCLE
City-St-Zip: WEEKI WACHEE, FL 34607

Title: D () Delete
Name: DAVIS, CONNIE J
Address: 2009 S MOONLIT PT
City-St-Zip: HOMOSASSA, FL 34448

Title: D () Delete
Name: HUNT, CONNIE J
Address: 403 W HIGHLAND BLVD
City-St-Zip: INVERNESS, FL 34452

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DAVIS, WILFRED H
Address: 2009 S. MOONLIT PT.
City-St-Zip: HOMOSASSA, FL 34448

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILFRED H. DAVIS

D

04/09/2004

Electronic Signature of Signing Officer or Director

Date