

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005470

FILED
Apr 07, 2006
Secretary of State

Entity Name: BETH ELOHIM MESSIANIC SYNAGOGUE, INC.

Current Principal Place of Business:

2009 S. MOONLIT PT.
HOMOSASSA, FL 34448

New Principal Place of Business:

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
2009 S. MOONLIT PT.
HOMOSASSA, FL 34448 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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 Chapter 119, 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

04/07/2006

Electronic Signature of Signing Officer or Director

Date