2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 13, 2002 8:00 am Secretary of State DOCUMENT # **N99000007077** 1. Entity Name 02-13-2002 90180 045 ****61.25 BETH ETZ HAZAYT MESSIANIC FELLOWSHIP, INC. Principal Place of Business Mailing Address 1511 PAYNE ST. 1511 PAYNE ST. TALLAHASSEE FL 32303 TALLAHASSEE FL 32303 3. Mailing Address 2. Principal Place of Business 181 Marie 181 Marie irde Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State r€ity & State 4. FEI Number Applied For , rawtorduille, 59-3634461 Not Applicable \$8.75 Additional wakulla 5. Certificate of Status Desired 3*a* 32 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent lillman (R.O. Box Numberis Not Acceptable) FREILICH, MICHELLE ANN 1511 PAYNE ST. TALLAHASSEE FL 32303 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 SIGNATURE * (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete Director (9/01) FD TITLE TITLE Change **Addition** Tillman, Jr, Andrew L. NAME FRREILILN, MICHELLE ANN NAME STREET ADDRESS STREET ADDRESS 181 marie Circle 1311 PAYNE ST CITY-ST-ZIP TALLAHASSEE <u>FL 32303</u> CITY-ST-ZIP rawforduille, FL COFD Delete TITLE Change Addition NAME CAHVIS, TONYA SUE NAME STREET ADDRESS STREET ADDRESS 1551 PAYNE ST CITY-ST-ZIP ... Tallahassee fl-32303 Advisor AD ☐ Delete TITLE ☐ Change **▼** Addition TITLE NAME NAME Heine, John Barrett, David 155 san Marcos Drive STREET ADDRESS 1403 PONDEROSA LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BAINBRIDGE GA 31717 <u>Crawfordville, FL 32327</u> AD Delete Advisor TITLE TITLE ☐ Change **Addition** Merck, Orin E. NAME PEDDIE, KAY NAME 3042 Carlow Circle STREET ADDRESS STREET ADDRESS 608 E. BET LINET DR CITY-ST-ZIP CITY-ST-ZIP QUINCY FL 32351 Tallahassee, FL 32308 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. 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 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.

FILED