

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90227 034 *****61.25

DOCUMENT # N99000007077

1. Entity Name

BETH ETZ HAZAYT MESSIANIC FELLOWSHIP, INC.



Principal Place of Business

181 MARIE CIR
CRAWFORDVILLE FL 32327

Mailing Address

181 MARIE CIR
CRAWFORDVILLE FL 32327

2. Principal Place of Business

258 Monticello Ave.

3. Mailing Address

258 Monticello Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Monticello, FL

City & State

Monticello Ave

Zip

32344

Country

USA

Zip

32344

Country

USA

4. FEI Number 59-3634461

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TILLMAN, ANDREW L JR
181 MARIE CIR
CRAWFORDVILLE FL 32327

7. Name and Address of New Registered Agent

Name Berry L. Murphy
Street Address (P.O. Box Number is Not Acceptable)
258 Monticello Ave
City Monticello FL 32344

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

Berry L. Murphy

04-23-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TILLMAN, ANDREW L JR 181 MARIE CIR CRAWFORDVILLE FL 32327	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD HEINE, JOHN 155 SAN MARCOS DR CRAWFORDVILLE FL 32327	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD BARRETT, DAVID 1403 PONDEROSA LN BAINBRIDGE GA 31717	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD MERCK, ORIN E 3042 CARLOW CIR TALLAHASSEE FL 32308	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD Tillman, Andrew L. Jr. SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD Heine, John 1702 Belcher LN Bainbridge, GA 39819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Berry L. Murphy 258 Monticello Ave Monticello, FL 32344	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:

Berry L. Murphy BERRY L. MURPHY

04-23-03 850-997-8985

CR2E037 (10/02)