

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 24 PM 3:02

**DOCUMENT # 738206 (2)**

1. Corporation Name  
**THE MESSIAH ASSOCIATION OF POLK COUNTY, INC.**

Principal Place of Business Mailing Address  
29 GOLFVIEW CIRCLE, NE 29 GOLFVIEW CIRCLE, NE  
PO BOX 7233 PO BOX 7233  
WINTER HAVEN FL 33881-4302 WINTER HAVEN FL 33881-4302

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/24/1977** 3a. Date of Last Report **03/04/1994**  
4. FEI Number **59-1931908** Applied For  
Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**BRANSON, ROBERT  
29 GOLFVIEW CIRCLE, NE  
P.O. BOX 7233  
WINTER HAVEN FL 33382-4233**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>GAILE, DONALD M</b>
STREET ADDRESS	<b>1013 W LK ELOISE TERR</b>
CITY - ST - ZIP	<b>WINTER HAVEN FL</b>
TITLE	<b>D</b>
NAME	<b>BRANSON, ROBERT</b>
STREET ADDRESS	<b>29 GOLFVIEW N E</b>
CITY - ST - ZIP	<b>WINTER HAVEN, FL 00000</b>
TITLE	<b>P</b>
NAME	<b>WILSON, BOB</b>
STREET ADDRESS	<b>88 TWIN TOWERS</b>
CITY - ST - ZIP	<b>LAKE WALES FL</b>
TITLE	<b>V</b>
NAME	<b>MCGUIRE, ROBERT</b>
STREET ADDRESS	<b>375 W. CUMMINGS ST.</b>
CITY - ST - ZIP	<b>LAKE ALFRED FL</b>
TITLE	<b>T</b>
NAME	<b>VERRILL, PETER</b>
STREET ADDRESS	<b>305 HAMILTON SHORE DR</b>
CITY - ST - ZIP	<b>WINTER HAVEN FL</b>
TITLE	<b>D</b>
NAME	<b>SIMPSON, MIKE</b>
STREET ADDRESS	<b>824 LK. ELBERT CT.</b>
CITY - ST - ZIP	<b>WINTER HAVEN FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or in an attachment with an addendum.

SIGNATURE: \_\_\_\_\_ (T.) 1-14-95 83-294-0670  
DATE: \_\_\_\_\_