

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **738206** (2)
1. Corporation Name
THE MESSIAH ASSOCIATION OF POLK COUNTY, INC.



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

3. Date Incorporated or Qualified: 02/24/1977
3a. Date of Last Report: 01/24/1995
4. FEI Number: 59-1931908
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26 PO Box 7233
22. Suite, Apt. #, etc.: 27
23. City & State: 28 Winter Haven, FL
24. Zip: 25 33882-7233 30. Country: 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, 83, 84 City, 85 Zip Code (FL)

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALE, DONALD M	12 NAME	GALE
STREET ADDRESS	1013 W LK ELOISE TERR	13 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	14 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANSON, ROBERT	22 NAME	
STREET ADDRESS	29 GOLFVIEW N E	23 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 00000	24 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, BOB	32 NAME	
STREET ADDRESS	88 TWIN TOWERS	33 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	34 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGUIRE, ROBERT	42 NAME	
STREET ADDRESS	375 W. CUMMINGS ST.	43 STREET ADDRESS	
CITY-ST-ZIP	LAKE ALFRED FL	44 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERRILL, PETER	52 NAME	
STREET ADDRESS	305 HAMILTON SHORE DR	53 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	54 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPSON, MIKE	62 NAME	
STREET ADDRESS	824 LK. ELBERT CT.	63 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	64 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 119.07(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 on an attachment with an address.

SIGNATURE: _____ DATE: 2-25-96 DAYTIME PHONE #: 941-294-0610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)