

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 13, 2000 8:00 am**  
**Secretary of State**

06-13-2000 90010 046 \*\*\*\*61.25

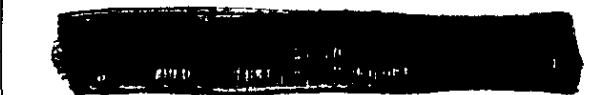
**DOCUMENT # 738206**

1. Entity 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 PO BOX 7233 WINTER HAVEN FL 33883-7233 US
--	--

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1931908</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BRANSON, ROBERT**  
**29 GOLFVIEW CIRCLE, NE**  
**P.O. BOX 7233**  
**WINTER HAVEN FL 33382-4233**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
-------------------------------------	--	------------------------------------	--

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Paul Nelson</b>	
STREET ADDRESS	<b>1529 Auburn Oaks Circle</b>	
CITY-ST-ZIP	<b>Auburndale, FL 33823</b>	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Sandra Mephail</b>	
STREET ADDRESS	<b>1967 Foxhollow Dr. E.</b>	
CITY-ST-ZIP	<b>Auburndale, FL 33823</b>	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: Sandra Mephail      06/08/00      823-551-1520  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)