

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009056

FILED  
Apr 03, 2009  
Secretary of State

Entity Name: MESSAGE MINISTRIES & MISSIONS, INC.

**Current Principal Place of Business:**

6697 27TH WAY NORTH  
SAINT PETERSBURG, FL 33702

**New Principal Place of Business:**

**Current Mailing Address:**

6697 27TH WAY NORTH  
SAINT PETERSBURG, FL 33702

**New Mailing Address:**

FEI Number: 20-8331536      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

NICHOLAS W. MULICK,P.A.  
91645 OVERSEAS HIGHWAY  
TAVERNIER, FL 33070      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: MR. ( ) Delete  
Name: WELLER, BRIAN M  
Address: 6697 27TH WAY NORTH  
City-St-Zip: ST. PETERSBURG, FL 33702

Title: MR. ( ) Delete  
Name: MOORE, CHARLES  
Address: 3577 VINE SPRINGS PLACE  
City-St-Zip: BETHLEHEM, GA 30620

Title: MR. ( ) Delete  
Name: WEATHERLY, GUYTON  
Address: 6643 CLAIR SHORE DRIVE  
City-St-Zip: APOLLO BEACH,, FL 34572

Title: MR. ( ) Delete  
Name: HERRICK, RICHARD A  
Address: 242 HIBISCUS ST.  
City-St-Zip: TAVERNIER, FL 33070

Title: MS. ( ) Delete  
Name: MCCONNEL, NANCY  
Address: 500 23RD AVE. NORTH  
City-St-Zip: ST. PETERSBURG, FL 33704

Title: MRS. ( ) Delete  
Name: WELLER, ANNE M  
Address: 6697 27TH WAY NORTH  
City-St-Zip: ST. PETERSBURG, FL 33702

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN M. WELLER

PRES

04/03/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date