| DOCUMENT # N9700005244 1. Entity Name MESSIAH'S FAMILY, INC. | | | | _ | FILED Jan 21, 2000 8:00 am Secretary of State | | | |
|--|---|---|---------------------------------------|--|---|----------------------------|-------------------|--|
| | | | | J | | | | |
| Principal Place of Business | | Mailing Address | | | 01-21-2000 90068 008 ****61.25 | | | |
| 25334 PINSON DR BONITA SPRINGS FL 34135 | | 25334 PINSON DR BONITA SPRINGS FL 34135-8843 | | | | | | |
| 2. Principal Place of Business 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | - | DO NOT WRITE IN THIS SPACE | | | |
| City & State | | City & State | | 4. FEI Numbe | 59-3469166 | Applied For Not Applicable | | |
| Zip | Country | Zip | Country | 5. Certificate | of Status Desired | \$8.75 Add | | |
| - | 6. Name and Address of Current R | egistered Agent | | 7. Name and | Address of New Registered | Agent | - | |
| | | | Name | Name | | | | |
| MASON, J. CAMERON | | | Street Add | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| 25334 PINSON DR BONITA SPRINGS FL 34135 | | | | | | | | |
| BONITA SPRINGS FE 34133 | | | City | FL Zip Code | | | | |
| SIGNATURE | e named entity submits this statement for Signature, typed or printed name of registered agent an | | | e required when reinstating) | DATE | | <u></u> | |
| FILE NOW: 9. FEE IS \$61.25 | | | | | Make Check Payable to d to Fees Department of State | | | |
| 10. | OFFICERS AND DIRE | CTORS | 11. | ADDITIONS/CHA | NGES TO OFFICERS AND D | DIRECTORS IN | I 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MASON, J. CAMERON 25334 PINSON DR BONITA SPRINGS FL 34135 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | • | ☐ Change | Addition Addition | |
| TITLE NAME STREET ADDRESS | D MASON, DONNA S 25334 PINSON DR | ☐ Delete | TITLE NAME STREET ADDRESS | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS | D MARCHETTI, MICHAEL 3940 BENNETT LN | Delete | TITLE NAME STREET ADDRESS | | | Change | ☐ Addition | |
| CITY-ST-ZIP | BONITA SPIRNGS FL 34134 | | CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCCOWN, SHERRI 1106 NAVAJO AVE LEIGH ACRES FL 33936 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CERTA, JOSEPH 9820 CITADEL LN #W208 BONITA SPIRNGS FL 34135 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | , | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DOMEST OF STREET | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | 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: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR