

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H98023

FILED
Apr 30, 2009
Secretary of State

Entity Name: MEMBERS SERVICE CORPORATION

Current Principal Place of Business:

% EDWARD J. GALLAGLY
P O BOX 18605
TAMPA, FL 33679

New Principal Place of Business:

3333 HENDERSON BLVD.
TAMPA, FL 33609

Current Mailing Address:

% EDWARD J. GALLAGLY
P O BOX 18605
TAMPA, FL 33679

New Mailing Address:

P. O. BOX 18605
TAMPA, FL 33679

FEI Number: 59-2678556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GALLAGLY, EDWARD J.
3333 HENDERSON BLVD.
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

HINES, NED L
3333 HENDERSON BLVD.
TAMPA, FL 33609 US

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: NED L. HINES

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GALLAGLY, EDWARD J.
Address: 3110 FAIR OAKS AVE.
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: HINES, NED L
Address: 30825 WHITLOCK DR
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: D () Delete
Name: KESLEY, DAVID
Address: 34817 DOUBLE EAGLE CT.
City-St-Zip: ZEPHYRHILLS, FL 33541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HINES, NED L
Address: 30825 WHITLOCK DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: VP (X) Change () Addition
Name: KELSEY, DAVID
Address: 34817 DOUBLE EAGLE CT
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: ST (X) Change () Addition
Name: CRAWFORD, BRIAN
Address: 16930 MELISSA ANN DRIVE
City-St-Zip: LUTZ, FL 33558

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NED L HINES

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date