t: nging its registered office o	Certificate of Status Desired: No registered agent, or both, in the State of Florida. 01/30/20
	registered agent, or both, in the State of Florida. 01/30/20
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	registered agent, or both, in the State of Florida. 01/30/20
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	_
	Date
Title	S
Name	MERRIWEATHER, STACEY
Address	621 LEGACY PARK DRIVE
City-State	Zip: CASSELBERRY FL 32707

I hereby 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 all other like empowered.

SIGNATURE: ECCLE STERLING

PRINCIPAL

01/30/2017

Electronic Signature of Signing Officer/Director Detail

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0900003832

Entity Name: MESSAGE OF HOPE SEVENTH DAY ADVENTIST COMMUNITY MISSION INC.

Current Principal Place of Business:

Date