

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 14, 2007 08:00 AM
Secretary of State**

DOCUMENT # 728953

1. Entity Name
**THE CHURCH OF THE MESSIAH OF WINTER GARDEN,
INC.**



Principal Place of Business
**260 N. WOODLAND ST.
WINTER GARDEN, FL 34787**

Mailing Address
**260 N. WOODLAND ST.
WINTER GARDEN, FL 34787**



03082007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1440066

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WATSON, RODGER
260 N. WOODLAND ST.
WINTER GARDEN, FL 34787**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE _____
NAME **LEWIS, DUANE**
STREET ADDRESS **410 TIERRA VERDE LANE**
CITY-ST-ZIP **WINTER GARDEN, FL 34787**

TITLE **P**
NAME **RUTHERFORD, THOMAS**
STREET ADDRESS **116 W DIVISION ST**
CITY-ST-ZIP **WINTER GARDEN, FL**

TITLE **T**
NAME **WATSON, RODGER**
STREET ADDRESS **3945 LONG BRANCH LN**
CITY-ST-ZIP **APOPKA, FL 32712**

TITLE **D**
NAME **HIGGS, GENE**
STREET ADDRESS **5514 GENOA LANE**
CITY-ST-ZIP **ORLANDO, FL 32807**

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 officers empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RODGER WATSON

3/9/07
Date

407 824 4876
Daytime Phone #