FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 738206

(2)

THE MESSIAH ASSOCIATION OF POLK COUNTY, INC.

Dissipal Disse	of Diseases	Mailing Address				
Principa' Place of Business Mailing Address						
29 GOLFVIEW PO BOX 7233	CIRCLE, NE	PO BOX 7233	GOLFVIEW CIRCLE. WE D. BOX 7233			
WINTER HAVEN FL 33881 4302		WINTER HAVEN FL 33881	-4802		Date Incorporated or Qualified	3a. Date of Last Report
					02/24/1977	01/24/1995
2. Principal Pla	ace of Business	2a. Mailing Address	n 1 27		4. FEI Number	Applied For
11		26 Po. Box 7233		59-1931908	Not Applicable	
Suite. Apt. #	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
3	•	28 Winter Have	n. F	4	Trust Fund Contribution	Added to Fees
Zip	Country	28 Winter Have 20 29 3882-7233	Count	ry	8. This corporation has liability for in	ntangible tax under s. 199.032,
24	25	29 3882-7255	30			Yes No
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Re	egistered Agent
884488	u papeat		*	1 Name		
BRANSON, ROBERT			1	82 Street Andress (P.O. Box Number is Not Acceptable)		
	VIEW CIRCLE, NE			3		
P.O. BOX 7233 WINTER HAVEN FL 33382-4233				"		
MIMIEH	MAYEN FE 33302-4233		Ε	City		FL 85 Zip Code
11 Pursuant t	the provisions of Sections 617 0502	2 and 617 1508. Flooda Statutes	s the abovi	 e-named.co	rporation submits this statement for the purp	
or register	ed agent, or both, in the State of Flore	da. Such change was authorized	d by the co	rporation's	bloard of directors. I hereby accept the appo	intment as registered agent. I ann
	th, and accept the obligations of Sect	ion 617.0503, Florida Statutes.				
SIGNATURE _	Signature, typed or printing name of registered agost	tand the Lapple along (NOT)	∈ Hogstered A	gent signature n	c jurgd when remistating)	DATE
12.		D DIRECTORS	13.		ADDITIONS CHANGES TO OFFE	CERS AND DIRECTORS IN 12
TITLE	D	DELETE	11 THE	E		Change Addition
NAME	GAILE, DONALD M		1.2 NAN	IE.	GAR	
STREET ADDRESS	1013 W LK ELOISE TERR		1.3 STR	EE1 ADDRESS		
CITY - ST - ZIP	WINTER HAVEN FL			-SI - ZiP		
TITLE	D DAMOON DODEDZ	□ D€FE1€	2 1 TITE			☐ Change ☐ Addition
NAME	BRANSON, ROBERT		2.2 NAN			
STREET ADDRESS	29 GOLFVIEW N E			EFT ADDRESS		
CITY - ST - ZIP	WINTER HAVEN, FL 00000	DELETE		Y - ST - ZIP		☐ Change ☐ Addition
TITLE	WILSON, BOB		3 1 THT: 3 2 NAM			Charge Nation
NAME	88 TWIN TOWERS			EET ADDRESS		
STREET ADDRESS	LAKE WALES FL			Y - ST - ZIP		
CITY-ST-ZP TITLE	V	DELETE	41 111			☐ Change ☐ Addition
NAME	MCGUIRE, ROBERT		4 2 NA			
STREET ADDRESS	375 W. CUMMINGS ST.			FET ADDRESS		
CITY-ST ZIP	LAKE ALFRED FL		4.4 CH	r-\$1 7IP		
TITLE	T	DELETE	5.1 TITL			☐ Change ☐ Addition
NAME	verrill, peter		5.2 NAM	1 E		
STREET ADDRESS	305 HAMILTON SHORE DR		5 3 S18	EET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		54 CIT	F-ST_ZIP		
TITLE	D	DELETE	6.1 THE	E		☐ Change ☐ Addition
NAME	SIMPSON, MIKE		6.2 NAM			
STREET ADDRESS	824 LK. ELBERT CT.		63516	EET ADDRESS		
CITY-ST-ZIF	WINTER HAVEN FL			r-S1-ZIP		07/0/41 51-74- 01 11 11
 14. I do hereb certify tha 	by certify that the information supplied It the information indicated on this ann	with this filing is voluntarily fumi: jual report or supplemental and	sned and d Jal report is	ges not qua true and ac	alify for the exemption stated in Section 119. courate and that my signature shall have the	ολιοχίκ), Ειοπία Statutes. Hurther same legal effect as if made under
oath; that annears in	Lam an officer or director of the come of Block 12 or Block 13 if changed or	oration or the receiver or trustee on an attachment with an addre	e tempowere ess.	d to execu	course and that my signature shall have the talk this report as required by Chapter 617, Fig.	onda Statutes; and that my name
11 (210)		~1	,			

SIGNATURE:

UP AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

7.25% 9294-0610

CR2E037 (12/95)