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Feb 21 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738206 (2)
1. Corporation Name
THE MESSIAH ASSOCIATION OF POLK COUNTY, INC.



Principal Place of Business
29 GOLFVIEW CIRCLE, NE
PO BOX 7233
WINTER HAVEN FL 33881-4302

Mailing Address
PO BOX 7233
WINTER HAVEN FL 33883-7233
US

3. Date Incorporated or Qualified 02/24/1977
3a. Date of Last Report 02/29/1996
4. FEI Number 59-1931908
Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRANSON, ROBERT
29 GOLFVIEW CIRCLE, NE
P.O. BOX 7233
WINTER HAVEN FL 33382-4233

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | GALE, DONALD M. | |
| STREET ADDRESS | 1013 W LK ELOISE TERR | |
| CITY-ST-ZIP | WINTER HAVEN FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BRANSON, ROBERT | |
| STREET ADDRESS | 29 GOLFVIEW N E | |
| CITY-ST-ZIP | WINTER HAVEN, FL 00000 | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | WILSON, BOB | |
| STREET ADDRESS | 88 TWIN TOWERS | |
| CITY-ST-ZIP | LAKE WALES FL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | MCGUIRE, ROBERT | |
| STREET ADDRESS | 375 W. CUMMINGS ST. | |
| CITY-ST-ZIP | LAKE ALFRED FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | VERRILL, PETER | |
| STREET ADDRESS | 305 HAMILTON SHORE DR | |
| CITY-ST-ZIP | WINTER HAVEN FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SIMPSON, MIKE | |
| STREET ADDRESS | 824 LK. ELBERT CT. | |
| CITY-ST-ZIP | WINTER HAVEN FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
941-294-0610
0064805

CR2E037 (9/96)