


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Jan 21, 1999 8:00am**  
**Secretary of State**

01-21-1999 90034 014 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 738206</b>					
1. Corporation Name <b>THE MESSIAH ASSOCIATION OF POLK COUNTY, INC.</b>					
Principal Place of Business 29 GOLFVIEW CIRCLE, NE PO BOX 7233 WINTER HAVEN FL 33881-4302			Mailing Address PO BOX 7233 WINTER HAVEN FL 33882-7233 US		



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		3. Date Incorporated or Qualified 02/24/1977	
4. FEI Number 59-1931908				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent <b>BRANSON, ROBERT</b> 29 GOLFVIEW CIRCLE, NE P.O. BOX 7233 WINTER HAVEN FL 33382-4233				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GALE, DONALD M.			1.2 NAME			
STREET ADDRESS	1013 W LK ELOISE TERR			1.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRANSON, ROBERT			2.2 NAME			
STREET ADDRESS	29 GOLFVIEW N E			2.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN, FL 00000			2.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILSON, BOB			3.2 NAME			
STREET ADDRESS	88 TWIN TOWERS			3.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE WALES FL			3.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCGUIRE, ROBERT			4.2 NAME			
STREET ADDRESS	375 W. CUMMINGS ST.			4.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE ALFRED FL			4.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VERRILL, PETER			5.2 NAME			
STREET ADDRESS	305 HAMILTON SHORE DR			5.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SIMPSON, MIKE			6.2 NAME			
STREET ADDRESS	824 LK. ELBERT CT.			6.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL			6.4 CITY-ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)