

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738206

1. Entity Name

THE MESSIAH ASSOCIATION OF POLK COUNTY, INC.

FILED
Jun 13, 2000 8:00 am
Secretary of State

06-13-2000 90010 046 ****61.25

Principal Place of Business

Mailing Address

29 GOLFVIEW CIRCLE, NE
PO BOX 7233
WINTER HAVEN FL 33881 4302

PO BOX 7233
WINTER HAVEN FL 33883-7233
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1931908

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" 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 checked="" 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	

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul Nelson	
STREET ADDRESS	1529 Auburn Oaks Circle	
CITY-ST-ZIP	Auburndale, FL 33823	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sandra Maphail	
STREET ADDRESS	1967 Foxhollow Dr. E.	
CITY-ST-ZIP	Auburndale, FL 33823	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 like empowered.

SIGNATURE: *Sandra Maphail*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06608-00 863-551-1520
Date Daytime Phone #

CR2E037 (9/99)