

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H98023

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: MEMBERS SERVICE CORPORATION

## Current Principal Place of Business:

% EDWARD J. GALLAGLY  
P O BOX 18605  
TAMPA, FL 33679

## New Principal Place of Business:

3333 HENDERSON BLVD.  
TAMPA, FL 33609

## Current Mailing Address:

% EDWARD J. GALLAGLY  
P O BOX 18605  
TAMPA, FL 33679

## New Mailing Address:

P. O. BOX 18605  
TAMPA, FL 33679

FEI Number: 59-2678556

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GALLAGLY, EDWARD J.  
3333 HENDERSON BLVD.  
TAMPA, FL 33609 US

## Name and Address of New Registered Agent:

HINES, NED L  
3333 HENDERSON BLVD.  
TAMPA, FL 33609 US

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: NED L. HINES

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GALLAGLY, EDWARD J.  
Address: 3110 FAIR OAKS AVE.  
City-St-Zip: TAMPA, FL 33611

Title: D ( ) Delete  
Name: HINES, NED L  
Address: 30825 WHITLOCK DR  
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: D ( ) Delete  
Name: KESLEY, DAVID  
Address: 34817 DOUBLE EAGLE CT.  
City-St-Zip: ZEPHYRHILLS, FL 33541

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HINES, NED L  
Address: 30825 WHITLOCK DRIVE  
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: VP (X) Change ( ) Addition  
Name: KELSEY, DAVID  
Address: 34817 DOUBLE EAGLE CT  
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: ST (X) Change ( ) Addition  
Name: CRAWFORD, BRIAN  
Address: 16930 MELISSA ANN DRIVE  
City-St-Zip: LUTZ, FL 33558

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NED L HINES

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date