

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004303

1. Entity Name

MICHAEL'S MESSAGE FOUNDATION, INC.

Principal Place of Business

7506 ROBERTS ROAD
FT. PIERCE FL 34951

Mailing Address

POM BOX 690453
VERO BEACH FL 32969

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

ALUMBAUGH, DEBRA
7506 ROBERTS ROAD
FT. PIERCE FL 34951

7. Name and Address of New Registered Agent

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
After September 12, 2001, min. will be \$236.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ALUMBAUGH, DEBRA
7506 ROBERTS ROAD
FT. PIERCE FL 34951 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ALUMBAUGH, BRADLEY
7506 ROBERTS ROAD
FT. PIERCE FL 34951 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
OFFUTT, HARRY
3003 CARDINAL DR
VERO BEACH FL 32963 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

Debra Alumbaugh

9/16/01 501-464-7612

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90014 040 ****70.00



DO NOT WRITE IN THIS SPACE

4. FEL Number

59-3643374

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

CR2E037 (5/01)