2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 15, 2006 08:00 AM DOCUMENT # N00000005612 **Secretary of State** 1. Entity Name THE CHURCH OF THE MESSIAH OF NORTH WEST FLORIDA, INC. Principal Place of Business Mailing Address 913 GULF BREEZE PKWY., 311 GULF BREEZE FL 32562 913 GULF BREEZE PKWY., 311 GULF BREEZE FL 32562 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For 4. FEI Number City & State City & State 59-3666345 Not Applicable Country Ζιp Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOLIWAS, WILLIAM J Street Address (P.O. Box Number is Not Acceptable) 91 BAYBRIDGE DR GULF BREEZE FL 32561 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DAIL Signature, typed or printed name of registered agent and this if supplicable (NOTE Registered Agent signature recycled when revistaling) \$5.00 May Be FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to Trust Fund Contribution. Florida Department of State Due By May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD ☐ Change □ Addition ma☐ Delete THILE BROWNING, RONALD NAME NAME 000000468499 /24/06-80034-002 61.25 609 N. ALCANIZ STREET STREET AUDRESS STREET ADDRESS C/14-ST-21P PENSACOLA FL 32501 CITY-ST-ZIP Change □ Add: VD ☐ Delete ME TITLE SMITHEE, STEPHEN NAME STREET ADDRESS 261 BEACON ST STREET ADDRESS PENSACOLA FL 32503 CRY-ST-ZIP CITY-ST-ZIP ☐ Change DA4 ☐ Delete RHE TITLE TD NAME MARKE HICKS, LAUREL 2843 VIA ROMA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **GULF BREEZE FL 32563** CITY-ST-ZIP ☐ Change D Add ST ☐ Delete Tible 11115 MILEY, GLEN NAME NAME STREET AUDRESS 101 BERRY AVE STREET ADDRESS **GULF BREEZE FL 32561** CITY-ST-ZIP CATY-ST-ZIP Change □ Add Delete TITLE NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-21P ☐ Delete Change Add Add THE TIPLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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 directly 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.

if changed, or on an attachment with an address, with all other like empowered.

FILED