FILED
May 23, 2003 8:00 am
Secretary of State
05-23-2003 90151 048 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005612

1. Entity Name
THE CHURCH OF THE MESSIAH OF NORTH WEST FLORIDA, INC.

Principal Place of Business	Mailing Address
2845 VIA ROMA CT GULF BREEZE, FL	2845 VIA ROMA CT GULF BREEZE, FL

2. Principal Place of Business: 913 GULF BREEZE PKWY
Suite, Apt. #, etc.: # 11
City & State: GULF BREEZE FL
Zip: 32562 County:

3. Mailing Address: SAME
Suite, Apt. #, etc.:
City & State:
Zip: Country:

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3666345 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLIWAS, WILLIAM J
91 BAYBRIDGE DR
GULF BREEZE, FL 32561

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
(Signature, type or print name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable To: Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CRISTINA, MARK DI 2845 VIA ROMA CT GULF BREEZE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DiCristina, MARK	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SMITHEE, STEPHEN 261 BEACON ST PENSACOLA, FL 32503	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JOHNSON, SUSAN 2612 MEEK RD GULF BREEZE, FL 32561	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HICKS, LUAREL 2843 VIA ROMA GULF BREEZE FL 32561	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DICKSON, PHILIP 3869 BAY WIND DR GULF BREZE, FL 32561	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted]	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MILEY, GLEN 101 BERRY AVE GULF BREEZE, FL 32561	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: Laurel Hicks LAUREL HICKS 3-13-03 850-932-1484
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)