

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

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90304 006 ****61.25

DOCUMENT # **N0200005363**

1. Entity Name

LIFE MESSENGERS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10927 Regency Dr

3. Mailing Address

10927 Regency Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

81-0561520

Applied For

Not Applicable

Zip

32218

Country

us

Zip

32218

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

BERT WEECH

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

10927 Regency Dr

City

JACKSONVILLE

FL

Zip Code

32218

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE	D
NAME	WEECH, BERT
STREET ADDRESS	10927 Regency Dr
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	D
NAME	WEECH, CAROL
STREET ADDRESS	10927 Regency Dr
CITY-ST-ZIP	JACKSONVILLE FL 32218
TITLE	D
NAME	WEZENSKY, Twila
STREET ADDRESS	10927 Regency Dr
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	D
NAME	Eberhardt, John
STREET ADDRESS	10927 Regency Dr
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Bert Weech** **BERT WEECH**

4-26-04

904-757-0305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)