

2001 UNIFORM BUSINESS REPORT (UBR)

2/8/

FILED
Mar 06, 2001 8:00 am
Secretary of State

02-08-2001 90167 028 ****61.25

DOCUMENT # N04552

1. Entity Name

MESSENGER MINISTRIES, INC.

Principal Place of Business

Mailing Address

2333 FEATHER SOUND DR
B104
CLEARWATER FL 33762
US

2333 FEATHER SOUND DR
B104
CLEARWATER FL 33762
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2962795

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEYES, BENJAMIN

2333 FEATHER SOUND DR
B104
CLEARWATER FL 33762

Name

Benjamin Reyes

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

320 Virginia Ave

City

Brooksville

FL

Zip Code

34601

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 and or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:

FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
KEYES, BENJAMIN
2333 FEATHER SOUND DR B104
CLEARWATER FL 33762

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KEYES, JASMIN
2333 FEATHER SOUND DR B104
CLEARWATER FL 33762

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SHAW, BILL
2333 FEATHER SOUND DR B104
CLEARWATER FL 33762

☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
320 Virginia Ave
Brooksville, FL 34601

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
320 Virginia Ave
Brooksville, FL 34601

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
320 Virginia Ave
Brooksville, FL 34601

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Sylvia Bennett
320 Virginia Ave
Brooksville, FL 34601

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/01

Date

727 572-0069

Daytime Phone #

CR2E037 (10/00)