

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

02-18-2004 90027 019 ****61.25

DOCUMENT # N04552			
1. Entity Name MESSENGER MINISTRIES, INC.			
Principal Place of Business 4625 EAST BAY DRIVE #301 CLEARWATER FL 33764 US		Mailing Address 320 VIRGINIA AVENUE BROOKSVILLE FL 34601 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2962795		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KEYES, BENJAMIN 320 VIRGINIA AVENUE BROOKSVILLE FL 34601 <i>1001 Starkey Rd #9 Largo, FL 33779</i> <i>Largo, FL 33771</i>		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small> DATE _____			
FILE NOW: FEE IS \$81.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 KEYES, BENJAMIN STREET ADDRESS 320 VIRGINIA AVENUE CITY-ST-ZIP BROOKSVILLE FL 34601	<input type="checkbox"/> Delete <i>Director/President</i>	TITLE NAME KEYES, BENJAMIN STREET ADDRESS 1001 Starkey Rd #9 CITY-ST-ZIP Largo, FL 33779	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Director</i>
TITLE NAME SHAW, BILL STREET ADDRESS 320 VIRGINIA AVENUE CITY-ST-ZIP BROOKSVILLE FL 34601	<input type="checkbox"/> Delete <i>Director</i>	TITLE NAME SHAW, BILL STREET ADDRESS 320 VIRGINIA AVENUE CITY-ST-ZIP BROOKSVILLE FL 34601	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME BENNETT, SYLVIA STREET ADDRESS 320 VIRGINIA AVENUE CITY-ST-ZIP BROOKSVILLE FL 34601	<input type="checkbox"/> Delete	TITLE NAME BENNETT, SYLVIA STREET ADDRESS 320 VIRGINIA AVENUE CITY-ST-ZIP BROOKSVILLE FL 34601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Director</i>
TITLE NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete	TITLE NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete	TITLE NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete	TITLE NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Benjamin B Keyes</i>		Date: <i>2/12/04</i> Daytona Phone: <i>727-460-1999</i>	