

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04552

FILED
Oct 16, 2009
Secretary of State

Entity Name: MESSENGER MINISTRIES, INC.

Current Principal Place of Business:

1479 S. BELCKER RD
SUITE A
LARGO, FL 33771 US

New Principal Place of Business:

13833 ORANGE SUNSET DRIVE
TAMPA, FL 33605 US

Current Mailing Address:

5901 MT EAGLE DR #402
ALEXANDRIA, VA 22303 US

New Mailing Address:

619 LONDON STREET
PORTSMOUTH, VA 23704 US

FEI Number: 59-2962795 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KEYES, BENJAMIN
2419 15TH AVE N
SAINT PETERSBURG, FL 33713 US

Name and Address of New Registered Agent:

KEYES, BENJAMIN
13833 ORANGE SUNSET DRIVE
TAMPA, FL 33605 US

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: BENJAMIN B. KEYES

10/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KEYES, BENJAMIN
Address: 619 LONDON ST
City-St-Zip: PORTSMOUTH, VA 237042701

Title: D () Delete
Name: SHAW, BILL
Address: 619 LONDON ST
City-St-Zip: PORTSMOUTH, VA 237042401

Title: D () Delete
Name: KEYES, KIM
Address: 619 LONDON ST
City-St-Zip: PORTSMOUTH, VA 237042401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BENJAMIN B KEYES

DP

10/16/2009

Electronic Signature of Signing Officer or Director

Date