

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90088 007 ****61.25

DOCUMENT # N05000004806

1. Entity Name
MESSIAH CHRISTIAN ACADEMY, INC.



Principal Place of Business
**8057 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211**

Mailing Address
**%W. MORGAN SPEER P.A.
1800 AUSTRALLAN AVENUE SOUTH SUITE 100
WEST PALM BEACH, FL 33409**

40100010



DO NOT WRITE IN THIS SPACE

03282007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
20-2813340

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPEER, W. MORGAN P.A.
1800 AUSTRALIAN AVENUE SOUTH
SUITE 100
WEST PALM BEACH, FL 33409**

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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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
PAYSINGER, DAVID
8057 ARLINGTON EXP
JACKSONVILLE, FL 32211**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Date

Daytime Phone #