


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
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03282007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

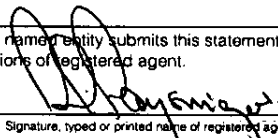
4. FEI Number 20-2813340	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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:  DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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
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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:  Date: _____ Daytime Phone #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR