

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007729

FILED  
Jun 16, 2009  
Secretary of State

Entity Name: MESSIAH GOSPEL MINISTRIES, INC

## Current Principal Place of Business:

7501 WILES RD, SUITE 107B  
CORAL SPRINGS, FL 33067

## New Principal Place of Business:

## Current Mailing Address:

7501 WILES RD, SUITE 107B  
CORAL SPRINGS, FL 33067 20

## New Mailing Address:

FEI Number: 20-5261732      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:

FOSTER, HOPE Y  
11023 NW 70TH CT  
PARKLAND, FL 33076 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: DIR ( ) Delete  
Name: FOSTER, HOPE Y  
Address: 7501 WILES RD #107B  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D ( ) Delete  
Name: FOSTER, FITZ-AINSLEY D  
Address: 7438 WILES RD  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: DIR ( ) Delete  
Name: ROBINSON, NEVILLE S  
Address: 11023 NW 70TH CT  
City-St-Zip: PARKLAND, FL 33076

## 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: HOPE FOSTER

D

06/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date