

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007012

FILED
Apr 10, 2009
Secretary of State

Entity Name: OUR MESSENGERS, INC.

Current Principal Place of Business:

1855 LOCKHAVEN CT
LEHIGH ACRES, FL 33972

New Principal Place of Business:

Current Mailing Address:

1855 LOCKHAVEN CT
LEHIGH ACRES, FL 33972

New Mailing Address:

FEI Number: 26-0346700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRONSON, WILLIAM
1855 LOCKHAVEN CT
LEHIGH ACRES, FL 33972 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: SEC () Delete
Name: PICKETT, TIMOTHY
Address: PO BOX 242
City-St-Zip: ELIOT, ME 03903

Title: TREA () Delete
Name: MORIARTY, MARY
Address: 18 THOMAS ST.
City-St-Zip: CAMDEN, ME 04843

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PRES () Change (X) Addition
Name: BRONSON, WILLIAM
Address: 1855 LOCKHAVEN CT.
City-St-Zip: LEHIGH ACRES, FL 33970 US

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: WILLIAM BRONSON

PRES

04/10/2009

Electronic Signature of Signing Officer or Director

Date