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NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9300003835 (6)

9, Name and Address of Current Registered Agent

CHURCH OF THE MESSIAH, INC.

| Principal Place of Business 8057 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211 US | | Mailing Address 8057 ARLINGTON EXPRES JACKSONVILLE FL 32211- US | | | | | | | |
|--|-----------------------------|--|---------------|--|--|-----------------------------------|--|--|--|
| US | | 03 | | | | te of Last Report 2/09/1996 | | | |
| 2. 21 | Principal Place of Business | 2a. Mailing Address 26 | | 4. FEI Number 59-3198131 | | Applied For Not Applicable | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | | | |
| City & State | | City & State | — <u> </u> | | | \$5.00 May Be Added to Fees | | | |
| 24 | Zip Country 25 | Zip 29 | Country 30 | 8. This corporation has liability for Florida Statutes | | tax under s. 199.032, | | | |

DEBORAH M. LAWRENCE 8057 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211

| | 83 | | · | | | |
|--------|------|-------------------------|------------------------|----------------|-----|---------------------|
| | 84 | City | | | 85 | Zip Code |
| the al | 0000 | 3-named corporation sub | mits this statement fo | the purpose of | han | aina its reaistered |

Street Address (P.O. Box Number is Not Acceptable)

10. Name and Address of New Registered Agent

FILED

Jul 25 1997 8:00am

Secretary of State

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

Name

| SIGNATURE | | | | | | |
|----------------|--|-------------|----------------------------|--|---|----------|
| 12. | Signature, typed or printed name of registered agent and title if applic OFFICERS AND DIRECTOR: | | tegistered Agent signature | required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A | ND DIDECTOR | C INI 40 |
| TITLE | D OFFICERS AND DIRECTOR | DELETE | 1.1 TITLE | ADDITIONS/CHANGES TO OFFICERS A | Change | Addition |
| | HOWARD, DALE W | otter | 1 | | Oriange | Addition |
| NAME | | | 1.2 NAME | | | |
| STREET ADDRESS | 8057 ARLINGTON EXPRESSWAY | | 1.3 STREET ADDRESS | | | ! |
| CITY-ST-ZW | JACKSONVILLE FL | | 1.4 CITY-ST-ZIP | | — <u>— — — — — — — — — — — — — — — — — — </u> | |
| TITLE | DVP | DELETE | 2.1 TITLE | | ☐ Change | Addition |
| NAME | WOODALL, DOUG | | 2.2 NAME | | | |
| STREET ADDRESS | 8057 ARLINGTON EXPRESSWAY | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 2. 4 CITY - ST - ZIP | | | |
| TITLE | DS | DELETE | 3.1 TITLE | | ☐ Change | Addition |
| NAME | PAYSINGER, DAVID | | 3.2 NAME | | | |
| STREET ADDRESS | 8057 ARLINGTON EXPRESSWAY | | 3.3 STREET ADDRESS | • | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 3.4. CITY - ST - ZIP | | | |
| TITLE | DT | DELETE | 4.1 TITLE | | ☐ Change | Addition |
| NAME | NICHOLAS, JAMES | | 4. 2 NAME | | | |
| STREET ADDRESS | 8057 ARLINGTON EXPRESSWAY | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | DELETE | 5.1 TITLE | - : | ☐ Change | Addition |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | DELETE | 6.1 TITLE | | Change | Addition |
| NAME. | | | 6.2 NAME | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida Statutes. I further certify that the information indicated on this annual popert or supplemental/annual 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 compration or the acceiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on all affactment with an address.

SIGNATURE:

1/16/97

(904) 721-4199