FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

FILED May 06 1998 8:00am Secretary of State

DOCUMENT # N93000003835 (6)									
CHUR	CH OF THE MESSIAH, INC).							
Principal Plac	Mailing Addres	· · · · · · · · · · · · · · · · · · ·			T TO THE STATE OF	ABIBB IIIAI (B	ION IHUR DIII TUUF		
BOS7 ARLINGTON EXPRESSWAY JACKSONVALLE FL 32211 US BOS7 ARLINGTON EXPRESS JACKSONVALLE FL 32211 US						3. Date Incorporated or Qualified 08/25/1993		:	
66		03				4. FEI Number 59-3198131		Applied For	
2. Principal Place of Business 2a. Mailing A			fress				\$8.7	Not Applicable 5 Additional	
21		26		·			Fee	Required	
Suite, Apt.	#, eIC.	Suite, Apt. 4	F, etc.			Election Campaign Financing Trust Fund Contribution		O May Be d to Fees	
City & Stat	16	City & State	······································			7. Is this nonprofit corporation a homeown	ers assecia		
23 Zip	Country	Zip	C	ountry		Yes 8. This corporation owes or has paid the c	☑ No	Intendible	
24	25	29	30			Personal Property Tax due June 30.	☐ Yes	□ No	
	g, Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registere	d Agent		
					81 Name				
DEBORAH M. LAWRENCE 8057 ARLINGTON EXPRESSWAY				62 Street	Addre	Address (P.O. Box Number is Not Acceptable)			
JACKSO			83						
				84 City			85 Z	ip Code	
						F	L ``	•	
office or	to the provisions of Sections 617.05 registered agent, or both, in the Stat	tuz and 617.1508, Flor le of Florida. Such cha delions of Section 61	ida Statutes, the nge was authoriz 7.0503 Florida St	above-named ed by the col	rporatio	ration submits this statement for the purpose n's board of directors. I hereby accept the ap	or changin opointment	g its registered as registered	
SIGNATURE	in ramilal with, and accopt the oblig	galions of, bection on	.0300, r Kilida 50	atutos.					
1	Signature, typed or printed name of registered at				re required	when reinslating) DATE	ID DIDECT	CDC IN 10	
12.	OFFICERS AF	ND DIRECTORS	ELETE 1.1	· TITLE	TD	ADDITIONS/CHANGES TO OFFICERS AT	Chang		
NAME	HOWARD, DALE(W)	_		NAME	Ho	ward , Dale F.			
STREET ADDRESS	8057 ARLINGTON EXPRESS	WAY	1.3	STREET ADDRESS		•			
CITY-ST-ZIP	JACKSONVILLE FL			CITY-ST-ZIP	ļ				
TITLE	DVP	₩.	_	TITLE	P	VP \assacran	Chang	pe Addition	
NAME	WOODALL, DOUG 8057 ARLINGTON EXPRESS	WAV		NAME	va	nner , Jacob 57 Arlington Express way			
STREET ADDRESS	JACKSONVILLE FL	TIAT		STREET ADDRESS	1 %	icksonville FL			
CITY-ST-ZIP	DS			CITY-ST-ZIP TITLE	1.00	COSONVILLE FL	Chanc	pe	
NAME	PAYSINGER, DAVID			NAME					
STREET ADDRESS	8057 ARLINGTON EXPRESS	WAY		STREET ADORESS	1				
CITY-ST-ZIP	JACKSONVILLE FL		3.4.	City-St-ZIP					
TITLE	DT		ELETE 4.1	TITLE			Chang	e Addition	
NAME	NICHOLAS, JAMES		4.2	NAME	-				
STREET ADDRESS	8057 ARLINGTON EXPRESS	WAY	4.3	STREET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL			CITY-ST-ZIP	 		[] Ob an a	a Dadelloo	
TITLE		шı		TITLE	1		L Chang	e Addition	
NAME CENTER ADDRESS				NAME CIDEET ADDRESS	1				
STREET AOORESS				STREET ADDRESS					
CITY-ST-ZIP TITLE				CITY-ST-ZIP TITLE	 		Chang	e	
NAME				NAME	1				
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP	1				
	andiby that the Information available	edth this filling doos on			od in C	action 110 07/3\/i) Florida Statutos I further	andih, that I	the information	

plied with this filling does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes. I further certify that the informatio demental annual report is true and accurate and that my signature shall have the same legal affect as if made under oath; that I am an the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in