2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000003835

1. Entity Name
CHURCH OF THE MESSIAH, INC.

Principal Place of Business	Mailing Address
8057 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211 US	8057 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211 US

DO NOT WRITE IN THIS SPACE

04132004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3198131
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PAYSINGER, DAVID
8057 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211

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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, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000132993
04/27/04-80071-011 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HOWARD, DALE F
STREET ADDRESS	8057 ARLINGTON EXPRESSWAY
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	DS
NAME	PAYSINGER, DAVID
STREET ADDRESS	8057 ARLINGTON EXPRESSWAY
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	DT
NAME	NICHOLAS, JAMES
STREET ADDRESS	8057 ARLINGTON EXPRESSWAY
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: M Cent PL 4/21/04 904/219 9a
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #