## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000003835

City-St-Zip:

JACKSONVILLE, FL 32229

CHILDCH OF THE MESSIALL II

FILED Apr 14, 2009 Secretary of State

Entity Name: CHURCH OF THE MESSIAH, INC. **Current Principal Place of Business: New Principal Place of Business:** 9000 REGENCY SQUQRE BLVD. 9000 REGENCY SQUQRE BLVD. JACKSONVILLE, FL 32211 STE 211 JACKSONVILLE, FL 32211 **Current Mailing Address: New Mailing Address:** P.O. BOX 8608 JACKSONVILLE, FL 32239 FEI Number: 59-3198131 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: PAYSINGER, DAVID PAYSINGER, DAVID 9000 REGENCY SQUARE BLVD 9000 REGENCY SQUARE BLVD JACKSONVILLE, FL 32211 STE 211 JACKSONVILLE, FL 32211 US 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: 04/14/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition PAYSINGER, DAVID Name: Name: P.O. BOX 8608 Address: Address: City-St-Zip: JACKSONVILLE, FL 32239 City-St-Zip: Title: DST Title: ( ) Delete () Change () Addition SHIMP III, EARL Name: Name: Address: P.O. BOX 8608 Address: City-St-Zip: JACKSONVILLE, FL 32239 City-St-Zip: Title: () Delete Title: () Change () Addition MELANSON, SCOTT Name: Name: Address: P.O. BOX 8608 Address: City-St-Zip: JACKSONVILLE, FL 32239 City-St-Zip: ( ) Delete Title: Title: () Change () Addition SHIELL, ED Name: Name: Address: P.O. BOX 8608 Address: JACKSONVILLE, FL 32239 City-St-Zip: City-St-Zip: Title: ( ) Delete Title: () Change () Addition LOOKER, SCOTT Name: Name: P.O. BOX 8608 Address: Address:

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.

City-St-Zip:

SIGNATURE: DAVID PAYSINGER DP 04/14/2009