2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003835

1. Entity Name

CHURCH OF THE MESSIAH, INC.



FILED Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90128 019 ****61.25

Principal Place of Business 8057 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211 US			Mailing Address 8057 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211 US			; ; 			oo ahaa oo oo	111 8 8 111 1 98 1		
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES						
City & State			City & State				4. FEI Number 59-3198131				Applied For Not Applicable	
Zip Country			Zip Cour							\$8.75 Additional		
6. Name and Address of Current R			L Legistered Agent				7. Name and Add	droop of Now De				4
	o. Harrio a	III Addiese of Callelle	registered A	Jent.	Nam		7. Name and Add	areas or new ne	gistereu A	gent		-
	ER, DAVID LINGTON EXI	PRESSWAY					P.O. Box Number is	Not Acceptable)				
JACKSOI	NVILLE FL 32	211						<u> </u>				1
					City				FL	Zip Coo		
the obligat	tions is repister	submits this statement for ed agent. printed name of registred agent are			egistered office			the State of Flor	Ida. I am f	amiliar with	, and accept	
FILE NOW: FEE S \$61.25			9. Election Campaign Financing Trust Fund Contribution.									
	FILE NOW:	FEE S \$61.25	S		~	~ —	\$5.00 May Be Added to Fees			Payable ment of		
10.		FEE S \$61.25			~			Florid	a Depart	ment of	State	
10.	FILE NOW:		ECTORS	Trust Fund Co	ntribution.		Added to Fees	Florid	a Depart	ment of	State N 10	
10. TITLE	DP	OFFICERS AND DIRE	ECTORS		11.		Added to Fees	Florid	a Depart	ment of	State	(60)/
10. TITLE NAME	DP HOWARD, D	OFFICERS AND DIRE	ECTORS	Trust Fund Co	11. TITLE NAME		Added to Fees	Florid	a Depart	ment of	State N 10	(40/05)
TITLE NAME STREET ADDRESS	DP HOWARD, D 8057 ARLIN	OFFICERS AND DIRECTOR OFFICERS AND DIRECTOR EXPRESSWAY	ECTORS	Trust Fund Co	TITLE NAME STREET ADDRES		Added to Fees	Florid	a Depart	ment of	State N 10	2
10. TITLE NAME	DP HOWARD, I 8057 ARLIN JACKSONVI	OFFICERS AND DIRECTOR OFFICERS AND DIRECTOR EXPRESSWAY	ECTORS	Trust Fund Co	11. TITLE NAME		Added to Fees	Florid	a Depart	ment of	State N 10	2
TITLE NAME STREET ADDRESS	DP HOWARD, I 8057 ARLIN JACKSONVI DS	OFFICERS AND DIRECTOR	ECTORS	Trust Fund Co	TITLE NAME STREET ADDRES		Added to Fees	Florid	a Depart	ment of	State N 10	2
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOWARD, I 8057 ARLIN JACKSONVI	OFFICERS AND DIRECTOR	ECTORS	Trust Fund Co	11. TITLE NAME STREET ADDRES CITY-ST-ZIP		Added to Fees	Florid	a Depart	ment of	State N 10 Addition	CB2E037 (10/02)
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP HOWARD, I 8057 ARLIN JACKSONVI DS PAYSINGER	OFFICERS AND DIRECTOR OFFICERS AND DIRECTOR OFFICERS AND DIRECTOR OFFI CONTROL OF THE OFFI CONTROL OFFI CONTR	ECTORS	Trust Fund Co	11. TITLE NAME STREET ADDRES CITY-ST-ZIP	SS .	Added to Fees	Florid	a Depart	ment of	State N 10 Addition	2
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DP HOWARD, D 8057 ARLIN JACKSONVI DS PAYSINGER 8057 ARLIN	OFFICERS AND DIRE DALE F GTON EXPRESSWAY LLE FL , DAVID GTON EXPRESSWAY	ECTORS	Trust Fund Co	TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME	SS A	Added to Fees	Florid	a Depart	ment of	State N 10 Addition	2
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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 records of 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Kakkisekrequired

117103

904-721-4199