

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003415

FILED  
Jan 29, 2009  
Secretary of State

**Entity Name:** MESSAGE AND COLON THERAPY RESEARCH AND DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

2220 E. IRLO BRONSON HWY., #11  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

2220 E. IRLO BRONSON HWY.  
STE 11  
KISSIMMEE, FL 34744

**Current Mailing Address:**

2220 E. IRLO BRONSON HWY., #11  
KISSIMMEE, FL 34744

**New Mailing Address:**

2220 E. IRLO BRONSON HWY.  
STE 11  
KISSIMMEE, FL 34744

**FEI Number:** 59-3298850

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOOD, HELEN M  
2220 E. IRLO BRONSON HWY., #11  
KISSIMMEE, FL 34744 US

**Name and Address of New Registered Agent:**

WOOD, HELEN M  
2220 E. IRLO BRONSON HWY.  
STE 11  
KISSIMMEE, FL 34744 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:

01/29/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: WOOD, HELEN M  
Address: 2220 E. IRLO BRONSON MEM. HWY STE 11  
City-St-Zip: KISSIMMEE, FL 34744

Title: D ( ) Delete  
Name: WOOD, JOSEPH E  
Address: 2220 E. IRLO BRONSON HWY. STE 11  
City-St-Zip: KISSIMMEE, FL 34744

Title: D (X) Delete  
Name: TROTTE, THOMAS  
Address: 2964 SOUTHFIELD DR  
City-St-Zip: ORLANDO, FL 32837

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: TROTTE, THOMAS  
Address: 2964 SMITHFIELD DRIVE  
City-St-Zip: ORLANDO, FL 32837

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: HELEN M. WOOD

PSTD

01/29/2009

Electronic Signature of Signing Officer or Director

Date