

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004015

FILED  
Apr 25, 2012  
Secretary of State

Entity Name: EMISSARY INTERNATIONAL, INC.

**Current Principal Place of Business:**

3630 WHITEHALL DRIVE  
403  
WEST PALM BEACH, FL 33401 US

**New Principal Place of Business:**

**Current Mailing Address:**

3630 WHITEHALL DRIVE  
403  
WEST PALM BEACH, FL 33401 US

**New Mailing Address:**

FEI Number: 65-0648165      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BENZ, JONATHAN D  
3630 WHITEHALL DRIVE  
403  
WEST PALM BEACH, FL 33401 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: MR.  
Name: BENZ, JONATHAN D  
Address: 3630 WHITEHALL DRIVE #403  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: REV.  
Name: BENZ, NORMAN D  
Address: 10254 ALLAMANDA CIRCLE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MS.  
Name: STONECIPHER, MELISSA  
Address: 120 HAMPTON CIRCLE  
City-St-Zip: JUPITER, FL 33458

Title: REV.  
Name: TREACY, RICHARD  
Address: 823 QUEEN STREET  
City-St-Zip: ALEXANDRIA, VA 22314

Title: MR.  
Name: STOTLER, PHILLIP  
Address: 3630 WHITEHALL DRIVE #403  
City-St-Zip: WEST PALM BEACH, FL 33401 US

I hereby 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 all other like empowered.

SIGNATURE: JONATHAN D BENZ

MR

04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date