FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997

TITLE

NAME

TITLE

NAME

TITLE

NAME :

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CRTY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N96000005380 (8)

Principal Place of Business	Mailing Address	
14351 N.E. 4TH AVENUE Miami Fl 33161	14351 N.E. 4TH AVENUE Miami Fl 33161-2924	

FILED Jul 01 1997 8:00am Secretary of State

1. Corporat	MESSIAH YOUTH PROJEC	CT, INC.	(0)			4 10411131 018 11118 21111 00111 00111 01111 10111 10111 01111 (1111 1111 1111 1111 1111 1111 1111 1111 1111			
Principal Place of Business Mailing Address									
14351 N.E. 4TH AVENUE MIAMI FL 33161		14351 N.E. 4TH AVENUE MIAMI FL 33161-2924							
						3. Date Incorporated or Qualified 3a. Date of Last Report 10/14/1996			
2. Principal Place of Business 2a. Mailing Address		ss			4. FEI Number Applied For				
21 26					65-0700956 Not Applicable				
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28			,	Trust Fund Contribution Added to Fees			
Zip 24	Country 26	Zip	30 C	ountry	,	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
	9. Name and Address of Cu	irrent Registered Agent		\perp		10. Name and Address of New Registered Agent			
	N.E. 4TH AVENUE FL 33161			83	City	85 Zip Code			
11. Pursuar office o agent. I		.0502 and 617.1508, Florid State of Florida Such chan obligations of, Section 617.0	a Statutes, the ge was authoriz 503, Florida St	above red by tatute:	e-named the corp s	d corporation submits this statement for the purpose of changing its registered rporation's board of directors. I hereby accept the appointment as registered			
	Signature, typed or printed name of registere				erutangia Ins	e required when reinstating) DATE			
12.		AND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DEI		1.1 TITLE		Change Addition			
NAME	ROBINSON, NATHAN			NAME		20451 N.W. JND AVE, STE 106			
STREET ADDRESS	110011111111111111111111111111111111111				ADDRESS	20931 NIWI J TIVE, STE 106			
CITY-ST-ZIP	MIAMI FL 33161	I DE		1.4 CITY-ST-ZIP		MIAMI, FL 33/69			
TITLE	DODINGON ONTHE	L DE		2.1 TITLE		Change L Addition			
NAME	ROBINSON, CATHELENE			2.2 NAME					
STREET ADDRESS				2.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33161	T DE		2. 4 CITY - ST - ZIP		Change Addition			
TITLE	D ADVED OLADVO	بال ال		TITLE		Change L_ Addition			
NAME	LADNER, GLADYS			NAME					
STREET ADDRESS	1785 N.W. 52ND STREET				ADDRESS				
CITY - ST - 7IP	: MIAMI PL 3314/		■ 34	CITY-!	317iP				

6.4 CiTY - ST - ZiP 14. I do 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 same logal effect as if made under oath; that I am an officer or director of the composition of the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 13 or chapter or or director of the composition of the careful and the same logal effect as if made under oath; that I am an officer or director of the composition of the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or chapter or trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

DELETE

DELETE

DELETE

Change

Change

Change

☐ Addition

Addition

Addition