


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90081 030 ****61.25

DOCUMENT # N97000000328 1. Entity Name MESSIANIQUE TRAINING CENTER AND INSTITUTE, INC.					
Principal Place of Business 5420 NO STATE ROAD 7 FORT LAUDERDALE, FL 33319			Mailing Address 5420 NO STATE ROAD 7 FORT LAUDERDALE, FL 33319		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 31-1539751	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VALBRUN, JOSEPH 520 NW 5TH STREET HALLANDALE, FL			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to: Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VALBRUN, JOSEPH		NAME		
STREET ADDRESS	5420 NO STATE ROAD 7		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33319		CITY-ST-ZIP		
TITLE	VSD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VALBRUN, MARYSE		NAME	VSD VALBRUN, RACHEL	
STREET ADDRESS	5420 NO STATE ROAD 7		STREET ADDRESS	5420 NO STATE ROAD 7	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33319		CITY-ST-ZIP	FORT LAUDERDALE, FL 33319	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAPTISTE, BETTY		NAME		
STREET ADDRESS	519 FOSTER RD		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VALBRUN, JOSEPH		NAME		
STREET ADDRESS	5420 N STATE RD. SEVEN		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33319		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VALBRUN, MARYSE		NAME	VP VALBRUN, RACHEL	
STREET ADDRESS	5420 N STATE RD. SEVEN		STREET ADDRESS	5420 N STATE RD. SEVEN	
CITY-ST-ZIP	FT LAUDERDALE, FL 33319		CITY-ST-ZIP	FT LAUDERDALE, FL 33319	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAPTISTE, BETTY J		NAME		
STREET ADDRESS	519 FOSTER RD.		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP		
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 receiver or 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.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 01-24-05 (754)2450850		