

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000328

FILED  
Mar 18, 2009  
Secretary of State

Entity Name: MESSIANIQUE TRAINING CENTER AND INSTITUTE, INC.

## Current Principal Place of Business:

5420 NO STATE ROAD 7  
FORT LAUDERDALE, FL 33319

## New Principal Place of Business:

5420 NORTH STATE ROAD 7  
NORTH LAUDERDALE, FL 33319

## Current Mailing Address:

5420 NO STATE ROAD 7  
FORT LAUDERDALE, FL 33319

## New Mailing Address:

5420 NORTH STATE ROAD 7  
NORTH LAUDERDALE, FL 33319

FEI Number: 31-1539751

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VALBRUN, JOSEPH  
520 NW 5TH STREET  
HALLANDALE, FL US

## Name and Address of New Registered Agent:

VALBRUN, JOSEPH  
520 NW 5TH STREET  
HALLANDALE, FL 33009 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:

03/18/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: VALBRUN, JOSEPH  
Address: 5420 NO STATE ROAD 7  
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: VSD ( ) Delete  
Name: VALBRUN, RACHEL  
Address: 5420 NO STATE ROAD 7  
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: TD ( ) Delete  
Name: BAPTISTE, BETTY  
Address: 519 FOSTER RD  
City-St-Zip: HALLANDALE, FL 33009

Title: P ( ) Delete  
Name: VALBRUN, JOSEPH  
Address: 5420 N STATE RD. SEVEN  
City-St-Zip: FT LAUDERDALE, FL 33319

Title: T ( ) Delete  
Name: BAPTISTE, BETTY  
Address: 519 FOSTER RD.  
City-St-Zip: HALLANDALE, FL 33009

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: VALBRUN, JOSEPH  
Address: 5420 NO STATE ROAD 7  
City-St-Zip: NORTH LAUDERDALE, FL 33319

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

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

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

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: JOSEPH VALBRUN

PD

03/18/2009

Electronic Signature of Signing Officer or Director

Date