

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 30, 1999 8:00 am
Secretary of State

08-30-1999 90011 009 ****61.25

**NONPROFIT
 CORPORATION
 ANNUAL REPORT
 1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N97000005244

1. Corporation Name
MESSIAH'S FAMILY, INC.

610757-90011-9



Principal Place of Business
 25334 PINSON DR
 BONITA SPRINGS FL 34135

Mailing Address
 25334 PINSON DR
 BONITA SPRINGS FL 34135

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	09/15/1997	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Country	59-3469166	
24	Country	29	Country	Applied For	
25	Country	30	Country	Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/>	
MASON, J. CAMERON				\$8.75 Additional Fee Required	
25334 PINSON DR				6. Election Campaign Financing <input type="checkbox"/>	
BONITA SPRINGS FL 34135				Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MASON, J. CAMERON				81 Name			
25334 PINSON DR				82 Street Address (P.O. Box Number is Not Acceptable)			
BONITA SPRINGS FL 34135				83			
				84 City		85 Zip Code	
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, J. CAMERON	1.2 NAME	
STREET ADDRESS	25334 PINSON DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, DONNA S	2.2 NAME	
STREET ADDRESS	25334 PINSON DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCHETTI, MICHAEL	3.2 NAME	
STREET ADDRESS	3940 BENNETT LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPIRNGS FL 34134	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOWN, SHERRI	4.2 NAME	
STREET ADDRESS	1106 NAVAJO AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEIGH ACRES FL 33936	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CERTA, JOSEPH	5.2 NAME	
STREET ADDRESS	9820 CITADEL LN #W208	5.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPIRNGS FL 34135	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED *[Signature]* 8/20/99 941-992-9779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)