

DOCUMENT # N97000005244

1. Entity Name

MESSIAH'S FAMILY, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90068 008 ****61.25

Principal Place of Business

Mailing Address

25334 PINSON DR
BONITA SPRINGS FL 34135

25334 PINSON DR
BONITA SPRINGS FL 34135-8843



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3469166

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MASON, J. CAMERON
25334 PINSON DR
BONITA SPRINGS FL 34135

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

Not Applicable

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D
NAME: MASON, J. CAMERON
STREET ADDRESS: 25334 PINSON DR
CITY-ST-ZIP: BONITA SPRINGS FL 34135

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: D
NAME: MASON, DONNA S
STREET ADDRESS: 25334 PINSON DR
CITY-ST-ZIP: BONITA SPRINGS FL 34135

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: D
NAME: MARCHETTI, MICHAEL
STREET ADDRESS: 3940 BENNETT LN
CITY-ST-ZIP: BONITA SPIRNGS FL 34134

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: D
NAME: MCCOWN, SHERRI
STREET ADDRESS: 1106 NAVAJO AVE
CITY-ST-ZIP: LEIGH ACRES FL 33936

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: D
NAME: CERTA, JOSEPH
STREET ADDRESS: 9820 CITADEL LN #W208
CITY-ST-ZIP: BONITA SPIRNGS FL 34135

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-00
Date

941-992-9779
Daytime Phone #

CR2E037 (9/99)