

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005352

FILED
Apr 10, 2007
Secretary of State

Entity Name: EMISSARY INCORPORATED

Current Principal Place of Business:

431 KENTWOOD CT.
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

PO BOX 950458
LAKE MARY, FL 32795

New Mailing Address:

FEI Number: 59-3519564

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIKLER, LISA
431 KENTWOOD CT
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KLEIN, THOMAS A ESQ.
Address: 409 EL DESTINADO DR
City-St-Zip: TALLAHASSEE, FL 323121629

Title: D () Delete
Name: MIKLER, WILLIAM P REV.
Address: 431 KENTWOOD CT
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: MIKLER, PAUL T MR.
Address: 144 CROWN COLONY WAY
City-St-Zip: SANFOR, FL 32771

Title: D () Delete
Name: ZAHRA, ROBERT MR
Address: 733 RIVERBEND BLVD
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: MIKLER, PAUL T MR.
Address: 144 CROWN COLONY WAY
City-St-Zip: SANFORD, FL 32771

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MR. PAUL T. MIKLER

D

04/10/2007

Electronic Signature of Signing Officer or Director

Date