

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000004671

1. Entity Name
MESSENGER METAPHYSICAL STUDIES, INC.



Principal Place of Business
**5472 36 AVENUE NORTH
ST. PETERSBURG, FL 33710**

Mailing Address
**5472 36 AVENUE NORTH
ST. PETERSBURG, FL 33710**



01272006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3606638

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DREXLER, FRANK E
5472 36 AVENUE NORTH
ST. PETERSBURG, FL 33710**

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000483144
04/11/06-80104-024 70.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PTD
DREXLER, FRANK E
5472 36 AVENUE NORTH
SAINT PETERSBURG, FL 33710**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VSD
PANUNZIO, DAVID W
5472 36 AVENUE NORTH
SAINT PETERSBURG, FL 33710**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
KOLLAR, ERIKA
777 62 AVENUE NORTH
SAINT PETERSBURG, FL 33702**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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] FRANK E. DREXLER 3/27/06 727-535-8835

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #