


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N49795 (0)

1. Corporation Name
MORNING STAR CHRISTIAN FELLOWSHIP, INCORPORATED



Principal Place of Business 1801 WALNUT ST #8 JACKSONVILLE FL 32206 US	Mailing Address P.O. BOX 26638 #8 JACKSONVILLE FL 32226-6638 US
--	---

3. Date Incorporated or Qualified 07/09/1992	3a. Date of Last Report 04/16/1996
--	--

2. Principal Place of Business 21 101 West 48th St.	2a. Mailing Address 26 P.O. BOX 9802
---	--

4. FEI Number 59-3135378	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

22 11	27
--------------	----

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

23 Jax, FL	28 Jacksonville, FL
-------------------	----------------------------

6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	------------------------------------

24 32208	25 US	29 32208	30 US
-----------------	--------------	-----------------	--------------

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**WILLIAMS, KENNETH A.
4480 MELISSA COURT W
JAX FL 32210**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PCD <input type="checkbox"/> DELETE
NAME	WILLIAMS, KENNETH A
STREET ADDRESS	4480 MELISSA COURT W
CITY-ST-ZIP	JACKSONVILLE FL 32210
TITLE	VTSD <input type="checkbox"/> DELETE
NAME	WILLIAMS, CHARLENE S.
STREET ADDRESS	4480 MELISSA COURT W
CITY-ST-ZIP	JACKSONVILLE FL 32210
TITLE	D <input type="checkbox"/> DELETE
NAME	SELLERS, DEMETRICE A
STREET ADDRESS	311 W 8TH STREET
CITY-ST-ZIP	JACKSONVILLE FL 32206
TITLE	D <input type="checkbox"/> DELETE
NAME	STOKES, HERBERT JR
STREET ADDRESS	4032 KATANGA DR. S.
CITY-ST-ZIP	JACKSONVILLE FL 32209
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)