

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 26 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 702930 (9)

1. Corporation Name
THE GREATER MORNING STAR MISSIONARY BAPTIST CHURCH INC.



Principal Place of Business 1415 5TH AVE TAMPA FL 33675-1615 US	Mailing Address PO BOX 76615 TAMPA FL 33675-1615 US
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3. Date Incorporated or Qualified 09/22/1961	
4. FEI Number 59-2754198	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**SIMMONS, BRENDA E
8724 EDNAM PLACE
TAMPA FL 33604**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PSD	<input type="checkbox"/> DELETE	1.1 TITLE MARVIN SIMMONS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SIMMONS, MARVIN T		1.2 NAME 9945 OHIO AVE	
STREET ADDRESS 9945 OHIO AVE		1.3 STREET ADDRESS THONOTOSASSA FL 33590	
CITY-ST-ZIP THONOTOSASSA FL		1.4 CITY-ST-ZIP	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Blidget Gach	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DAVIS, OLIVETTE		2.2 NAME 2112 E. JUNE ST	
STREET ADDRESS 1805 E. YUKON ST		2.3 STREET ADDRESS TAMPA FL 33604	
CITY-ST-ZIP TAMPA FL		2.4 CITY-ST-ZIP	
TITLE SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE Brenda E Simmons	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PERDUE, DON S		3.2 NAME 8724 EDNAM PLACE	
STREET ADDRESS 5801 LANGSTON DR		3.3 STREET ADDRESS TAMPA FL 33604	
CITY-ST-ZIP TAMPA FL		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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	

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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.

SIGNATURE _____ DATE **3-1-98**

CP2E037 (10/97)