NONPROFIT CORPORATION ANNUAL REPORT

Principal Place of Business



FLORIDA DEPARTMENT, OF STATE
Katherine Hands

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # 702930

1. Corporation Name
THE GREATER MORNING STAR MISSIONARY BAPTIST CHUR
CH INC.

Malling Address

1415 5TH AVE PO BOX 76615

TAMPA FL 33675-1615

US

TAMPA FL 33675-1615

US

FILED Jun 10, 1999 8:00 am Secretary of State

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2. Principal Place of Business		2a. Mailing Address			3. Date incorporated or Qualifed				
21		26			09/22/1961				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Ap	plied For			
22		27		59-2754198	No	Applicable			
City & State -		City & State			5. Certificate of Status Desired	\$8.75-/ Fee Ra			
23		. 28	<u> </u>						
Zip	Country Zip Count				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t			
24	25	Pagistrand Apart	<u>'1</u>		10. Name and Address of New Registers				
	9. Name and Address of Current	Registered Agent	81	Name >					
- - - - - - - - - -				-	DR. CLARENCE E. DAVIS				
	, BRENDA E		82	82 Street Address (P.O. Box Number is Not Acceptable)					
	AM PLACE		83		5 5TH AVE				
tampa fl	. 33604		"						
			84	City	amaa F	85 Zip (
_							605		
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above- orized by ti	named cor he comoral	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	pointment as re	gistered		
egent. i a	m familiar with, and accept the obligati	ons of, Section 617.0503, Florida	Statutes.	_	rporation's board of directors. I hereby accept the ap	/			
SIGNATURE	Del lase 21	- Oston ClA	RENCE	5 E.I	Davis5/9/	58			
SIGNATORE	Signature, types or printed name of registerios agent	and title if applicable. (NOTE: Re	gistered Agent	eignature requi	ADDITIONS/CHANGES TO OFFICERS	AND DIPECTO	BS IN 12		
12.	OFFICERS AND		13.			Change	Addition		
true	PSD	™ DELETE	1.1 TILE	1.1	P D		*******		
NAME	SIMMONS, MARVIN T				DR. CLARENCE E. DAVIS 1801 ANASTASIA WAY So.				
STREET ADDRESS	9945 OHIO AVE		1.3 STREET A			_	[
CITY-ST-ZIP	THONOTOSASSA FL 33590		1.4 CITY-8T-		ST. PETERSbing 337	12 Channe	Addition		
TITLE	VD	☐ DELETE	2.1 TITLE		rD	Change	94 ~~~		
NAME	GARDEN, BRIDGET		22 NAME	4 '	WIMA WEEMS	- TH AUG	Ĭ		
STREET ADDRESS				ADDRESS	1415 5AVE 3502 E 25	5 ··· +10 ··	1.05		
CITY-\$T-ZIP	TAMPA FL 33604		2. 4 CfTY-ST-	-ZP `	TAMP 1 32605 TAM	OA, FLS-	Addition		
TITLE	SD	DELETE	3.1 TMLE	'	V.B.'	Change	PA Appropri		
NAME	SIMMONS, BRENDA E		3.2 NAME		Willie Sweet 3908	1 1-1-15	/		
STREET ADDRESS	8724 EDNAM PLACE		3.3 STREET	ADDRESS			ì		
CITY-81-ZE	TAMPA FL 33604		34 CHY-ST	ZP	TAMPH 33605 336	<u>, 0~[~~</u>	257 24455-0		
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NAME			4 2 NAME	ł					
STREET ADDRESS			4.3 STREET A				ĺ		
CTY-ST-ZP			4.4 CITY-ST-	ZIP	<u>-</u>	Change	Addition		
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NAME			52 NAME				}		
STREET ADDRESS			5.3 STREET				1		
CITY-ST-ZIP			54 CITY-ST-	ZP			C School Comment		
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NAME .			6.2 NAME				1		
STREET ADDRESS		·	6.3 STREET A				{		
CITY-ST-ZIP			8.4 CITY-ST-		0 de 400 07/01/0 El 41 El 41	nortification that I	-formation		
14. I hereby o	partify that the information supplied wit	h this filing does not qualify for th	obamexe a	n stated in	Section 119.07(3)(i), Florida Statutes. I further	cerury that the II			

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 proof or abptemental 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 for 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, with all other like empowared.

SIGNATURE:

SAGNUATE SE REQUIRED ANENCE E. DAVIS 5/9/99 (727) 867-520' DESCRIPTION OF PRINTED HAVE OF BELLING OF FICER OF DIRECTION

CR2E037 (11/98)