SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 5, 1995.
AMOUNT DUE ON OR BEFORE 5/5/95: $150 (IF RESOLVED, REMAINING AMOUNT DUE TO REINSTATE: $200)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 13 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **722826** **(5)**

1. Corporation Name
MORNING STAR BAPTIST CHURCH, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
22769 S.W. 120TH AVENUE GOULDS FL 33170	22769 S.W. 120TH AVENUE GOULDS FL 33170

3. Date Incorporated or Qualified: 03/03/1972
3a. Date of Last Report: 03/03/1994
4. FEI Number: 65-0138051 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	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

FERGUSON, WALTER SR
11850 SW 221 ST
GOULDS FL 33170

10. Name and Address of New Registered Agent

31 Name: JIMMY D. ROBINSON
32 Street Address (P.O. Box Number is Not Acceptable): 16125 SW. 99 AVE.
33: MIAMI, FL. 33157
34 City: **FL** 35 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: JIMMY D. ROBINSON(ADMINISTRATOR) Jimmy D. Robinson DATE: 7-10-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	MARTIN, ROBERT L.	1.2 NAME		
STREET ADDRESS	11845 SW 222ND STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	GOULDS FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	DANIELS, JOHN W.	2.2 NAME		
STREET ADDRESS	10730 SW 217TH STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	GOULDS FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	TILLMAN, LEON	3.2 NAME		
STREET ADDRESS	12040 SW 214TH STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	GOULDS FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	FERGUSON, WALTER SR	4.2 NAME	ROBINSON, JIMMY.D.	
STREET ADDRESS	11850 SW 221 ST	4.3 STREET ADDRESS	16125 SW. 99 AVE	
CITY-ST-ZIP	GOULDS FL	4.4 CITY-ST-ZIP	MIAMI, FL. 33157	
TITLE	CD	5.1 TITLE		☐ Change ☐ Addition
NAME	JONES, MOSES	5.2 NAME		
STREET ADDRESS	11835 SW 223RD STREET	5.3 STREET ADDRESS		
CITY-ST-ZIP	GOULDS FL	5.4 CITY-ST-ZIP		
TITLE	SD	6.1 TITLE		☐ Change ☐ Addition
NAME	POKE, SARAH P.	6.2 NAME		
STREET ADDRESS	26710 SW 137TH AVENUE	6.3 STREET ADDRESS		
CITY-ST-ZIP	NARANJA FL	6.4 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: JIMMY D. ROBINSON Jimmy D. Robinson 7-10-95 2583569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0009128