# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
**1996**

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

**DOCUMENT # 722826** (5)

1. Corporation Name
**MORNING STAR BAPTIST CHURCH, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 22769 S.W. 120TH AVENUE<br>GOULDS FL 33170 | 22769 S.W. 120TH AVENUE<br>GOULDS FL 33170 |

3. Date Incorporated or Qualified: 03/03/1972
3a. Date of Last Report: 07/13/1995
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
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**

ROBINSON, JIMMY D.
16125 SW 99 AVENUE
MIAMI FL 33157

**10. Name and Address of New Registered Agent**

81 Name: Walter Williams, JR.
82 Street Address (P.O. Box Number is Not Acceptable): 11005 SW. 152nd. Terr.
83
84 City: Miami FL 85 Zip Code: 33157

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: Walter Williams Walter Williams, JR. DATE: May 7, 1996
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | | DELETE | | | Change / Addition |
| TITLE | D | ☐ | 1.1 TITLE | D | ☐ ☑ |
| NAME | MARTIN, ROBERT L. | | 1.2 NAME | STRACHAN, FRANCES | |
| STREET ADDRESS | 11845 SW 222ND STREET | | 1.3 STREET ADDRESS | 20011 S.W. 117 TH Ct. | |
| CITY-ST-ZIP | GOULDS FL | | 1.4 CITY-ST-ZIP | Miami, FL. 33177 | |
| TITLE | D | ☐ | 2.1 TITLE | D | ☑ ☐ |
| NAME | DANIELS, JOHN W. | | 2.2 NAME | TILLMAN, LEON | |
| STREET ADDRESS | 10730 SW 217TH STREET | | 2.3 STREET ADDRESS | 10975 FERRY DRIVE | |
| CITY-ST-ZIP | GOULDS FL | | 2.4 CITY-ST-ZIP | Miami, FL. 33176 | |
| TITLE | D | ☐ | 3.1 TITLE | DIRECTOR | ☐ ☑ |
| NAME | TILLMAN, LEON | | 3.2 NAME | Walter Williams, JR. | |
| STREET ADDRESS | 12040 SW 214TH STREET | | 3.3 STREET ADDRESS | 11005 S.W. 152ND. TERR. | |
| CITY-ST-ZIP | GOULDS FL | | 3.4 CITY-ST-ZIP | Miami, FL. 33157 | |
| TITLE | D | ☑ | 4.1 TITLE | | ☐ ☐ |
| NAME | ROBINSON, JIMMY D. | | 4.2 NAME | | |
| STREET ADDRESS | 16125 SW 99 AVENUE | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | CD | ☐ | 5.1 TITLE | D | ☐ ☑ |
| NAME | JONES, MOSES | | 5.2 NAME | STRACHAN, FRANCES | |
| STREET ADDRESS | 11835 SW 223RD STREET | | 5.3 STREET ADDRESS | 20011 S.W. 117 TH Ct. | |
| CITY-ST-ZIP | GOULDS FL | | 5.4 CITY-ST-ZIP | Miami, FL. 33177 | |
| TITLE | SD | ☐ | 6.1 TITLE | | ☐ ☐ |
| 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 | | |

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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)(k), 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:** Walter Williams Walter Williams, JR. Feb. 5, 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
258-3569

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