FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1998

FLORIDA DEPARTMEN OF STATE

Sandra B. Mor

Secretary of S DIVISION OF CORPO ATIONS

FILED

Feb 18 1998 8:00am

Secretary of State

DOCUMENT #

722826

(5)

MORNING STAR BAPTIST CHURCH, INC.

Principal Piac	e of Businoss	M	Mailing Address				}					
22769 S.W. 120TH AVENUE			22769 S.W. 120TH AVENUE				Ī	3. Date Incorporated or Qualified	d			
GOULDS FL 33170		GOULDS FL 33170				l	03/03/1972					
							ľ	4. FEI Number	, _ '	T	Ap	plied For
Ì							}	65-0138051			No	t Applicable
2. Principal P	lace of Business	2a	Mailing Address					5- Certificate of Status Desired		\$8.	75 A	dditional
21			26					Certificate of otatos pesifed		Fe	e Re	quired
Suite, Apt. W. etc			Suite, Apt #, etc.					6. Election Campaign Financing				May Be
22			27				Trust Fund Contribution		Add	led to	Fee8	
City & State			City & State			1	Is this nonprofit corporation a			iation	1?	
[23]		28							No			
Z _i p	Country		Zφ	j		1		8. This corporation owes or has paid the current ye			ar Intangible No	
24	25 9. Name and Address of Curre		stared Agent	30				Personal Property Tax due June 30. XI. Yes 10. Name and Address of New Registered Agent) NO
}	S. NAME AND ADDRESS OF CORPE	it negre	Stored Agent		81	Nam		TO. Name Bld Address of New	Johistoien W	yorit		
	A				Ľ	I NGII						
WILLIAMS, WALTER JR					82	Stre	et Addres	s (P.O. Box Number is Not Accept	lable)			
11005 SW 152ND TERRACE			83									
MIAMI FL 33157			63									
Ì					84	City			FL	85	Zip (ode
47	(0)		24600 Et 11 Out			<u> </u>	- 4			Ц.	t (A.	
Pursuant office or r	to the provisions of Sections 617.050 egistered agent, or both, in the Stato in familiar with, and accept the oblig	J2 and € ⊢of Flori	517.1508, Florida Statu ida Such change was	utes, the authoria	above zed by	e-name y the c	ed corpor orporation	ation submits this statement for thi n's board of directors. I hereby acc	e purpose of dept the appo	cnang intmer	ing its nt as	registered registered
agent. La	m familiar with, and accept the oblig	ations o	of, Section 617.0503, F	forida S	tatutes	S.	•	·				Ť
SIGNATURE .	=====================================						 					
Signature, typed or perfect came of registed agont and little cappiticable. (NOTE Registe 12. OF LICERS AND DIRECTORS 13						ant signa	ture required	ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIREC	TOR	S IN 12
TITLE	D	17 17036 (DELETE	_	1 TITLE		T	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Cha		Addition
NAME	MARTIN, ROBERT L.		_		NAME				•			
STREET ADDRESS					1.3 STREET ADDRESS		: .					
CITY-ST-ZIP	GOULDS FL 33170		ı		1.4 CiTY-ST-ZiP		~					
TITLE	D D		DELETE			11-28				Cha	noe	Addition
NAME	TILLMAN, LEON				2.2 NAME					_		
STREET ADDRESS	10975 PERRY DRIVE				2.3 STREET ADDRESS		25					
CITY-ST-ZIP	MIAMI FL 33176		The state of the s		2. 4CITY-ST-ZIP		~					
TITLE	D 33170			_	3.1 TO LE					Cha	nge	Addition
NAME	- 1		3.2 NAME									
STREET ADDRESS	11005 SW 152ND TERRACE					ADDRES						
CITY-ST-ZIP	MIAMI FL 33157			1	(CITY-S		~					
TITLE	D miAMI FE 33137			TLE	AL-CIF	 			Cha	nge	Addition	
NAME	STRACHAN, FRANCES				IAME							
1	20011 SW 117TH COURT			1,		ADDRES	.					
STREET ADDRESS	MIAMI FL 33177						°					į
CITY-ST-ZIP			DELETE	5.	ITY - S FLE	-ZIP				Cha	nne	Addition
	CD Jones, Moses		والمناط ال	5.	AME		}			0.10	₽~	
NAME DEDICE ADDRESS				֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓		ADDRES						
STREET ADDRESS	11835 SW 223RD STREET GOULDS FL 33170						9					
CITY-ST-ZIP			DELETE	6	iy-8 Tle	1 - 20'			— г	Cha	nne	Addition
TITLE	SD CARALL D		L. Dettik	Ď					L		i ye	VOUIDOIL
NAME	POKE, SARAH P.			9	ME							1
STREET ADDRESS	26710 SW 137TH AVENUE			9		ADDRES	S					
CITY-ST-ZIP	naranja fl. 33032				1Y - S	T-ZIP						

Thereby certify that the intermation supplied with this filing does not qualify for the indicated on this antual report or supplemental annual report is true and accurate officer or director of the opporation or the receiver or distance empowered to exact Block 12 or Block 13 if changed, or organ attachment with an address.

mption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath, that I am an his report as required by Chapter 617, Florida Statutes, and that my name appears in