

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722826

1. Entity Name

MORNING STAR BAPTIST CHURCH, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90040 036 ****70.00



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 33170-4539	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	65-0138051	Applied For	☐
		Not Applicable	☐
5. Certificate of Status Desired		☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WILLIAMS, WALTER JR 11005 SW 152ND TERRACE MIAMI FL 33157		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, ROBERT L 11845 SW 222ND STREET GOULDS FL 33170 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN DANIELS 10730 S.W. 217TH ST. GOULDS, FL. 33170 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TILLMAN, LEON 10975 PERRY DRIVE MIAMI FL 33176 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, JR., WALTER 11005 SW 152ND TERRACE MIAMI FL 33157 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRACHAN, FRANCES 20011 SW 117TH COURT MIAMI FL 33177 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD JONES, MOSES 11835 SW 223RD STREET GOULDS FL 33170 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POKE, SARAH P. 26710 SW 137TH AVENUE NARANJA FL 33032 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sarah P. Poke 03/12/00 (305) 237-3327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)