

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90101 045 ****61.25

DOCUMENT # 722826

1. Entity Name

MORNING STAR BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

22769 S.W. 120TH AVENUE
 GOULDS FL 33170

22769 S.W. 120TH AVENUE
 GOULDS FL 33170

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0138051

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

~~WILLIAMS, WALTER JR~~
 11005 SW 152ND TERRACE
 MIAMI FL 33157

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **MARTIN, ROBERT L.**
 STREET ADDRESS **11845 SW 222ND STREET**
 CITY-ST-ZIP **GOULDS FL 33170**

TITLE **D** ☐ Change ☒ Addition
 NAME **RANSON, ECRES**
 STREET ADDRESS **14205 SW 109TH PLACE**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE **D** ☐ Delete
 NAME **TILLMAN, LEON**
 STREET ADDRESS **10975 PERRY DRIVE**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE **D** ☐ Change ☒ Addition
 NAME **DANIELS, JOHN W.**
 STREET ADDRESS **10730 SW 217TH STREET**
 CITY-ST-ZIP **MIAMI FL 33170**

TITLE **D** ☐ Delete
 NAME ~~WILLIAMS, JR., WALTER~~
 STREET ADDRESS **11005 SW 152ND TERRACE**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **STRACHAN, FRANCES**
 STREET ADDRESS **20011 SW 117TH COURT**
 CITY-ST-ZIP **MIAMI FL 33177**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CD** ☐ Delete
 NAME **JONES, MOSES**
 STREET ADDRESS **11835 SW 223RD STREET**
 CITY-ST-ZIP **GOULDS FL 33170**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **POKE, SARAH P.**
 STREET ADDRESS **26710 SW 137TH AVENUE**
 CITY-ST-ZIP **NARANJA FL 33032**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Walter Williams, Jr. **WALTER WILLIAMS, JR.** 4/26/01/305 258-3569

CR2E037 (10/00)