## 2002 UNIFORM BUSINESS REPORT (UBR)

## Aug 05, 2002 8:00 am Secretary of State DOCUMENT # **722826** 1. Entity Name 05-20-2002 90075 040 \*\*\*\*61.25 MORNING STAR BAPTIST CHURCH, INC. 08-05-2002 90002 033 \*\*\*\*61.25 Principal Place of Business Mailing Address 22769 S.W. 120TH AVENUE 22769 S.W. 120TH AVENUE GOULDS FL 33170 GOULDS FL 33170 972417 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apl. #, etc. . ... DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0138051 Not Applicable Zip Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILLIAMS, WALTER JR Street Address (P.O. Box Number is Not Acceptable) 11005 SW 152ND TERRACE MIAMI FL 33157 City Zio 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FLE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete TITLE TRUSTEE ☐ Change Addition MARTIN, ROBERT L (9/01 NAME NAME ECRES RANSON STREET ADDRESS 11845 SW 222ND STREET STREET ADORESS CITY-ST-ZIP GOULDS FL 33170 14205 S.W. 109th PLACE CITY-ST-ZIP <del>MIAMI,FLORIDA 33176</del> ☐ Delete TITLE Change Addition TILLMAN, LEON TRUSTEE NAME NAME STREET ADDRESS 10975 PERRY DRIVE JOHN W. DANIELS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33176 10730 S.W.109th CT. CITY-ST-ZIP TITLE MIAMI, FLORIDA 33170 Delete TITLE ☐ Addition ☐ Change WILLIAMS, JR., WALTER NAME NAME 11005 SW 152ND TERRACE STREET ADDRESS STREET ADDRESS MIAMI FL 33157 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition STRACHAN, FRANCES NAME NAME 20011 SW 117TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33177 CITY-ST-7IP CD TITLE Delete TITLE ☐ Change ☐ Addition JONES, MOSES NAME NAME 11835 SW 223RD STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIE GOULDS FL 33170 CITY-ST-ZIP TITLE ☐ Delete TITLE POKE, SARAH P. ☐ Change ☐ Addition NAME NAME STREET ADDRESS | 26710 SW 137TH AVENUE STREET ADDRESS CITY-ST-21P NARANJA FL 33032 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 eath; 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

JILLIAMS JR

Signature required

**FILED**