2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 05, 2007 8:00 am Secretary of State 02-05-2007 90119 008 ****61.25

DOCUMENT # 763447 1. Entity Name MORNINGSIDE EVANGELICAL FRIENDS CHURCH, INC.						02-05-2001	7 90119 00)8 ****61	.25
Principal Place of Business 2180 SE MORNINGSIDE BLVD. PORT ST. LUCIE, FL 34952-4986 Mailing Address 2180 SE MORNINGSIDE E PORT ST. LUCIE, FL 34952-4986				986		•	·		
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		01052007	Chg-NP	CR2E	037 (12/06)		
City & State		City & State			4. FEI Number 59-20730	 064		1	pplied For lot Applicable
Zip	Country	Zip	Cou	intry	5. Certificate of		ed 🗌	\$8.75 Ad	Iditional
	6. Name and Address of Current Re	gistered Agent			7. Name and A	ddress of Ne	w Registered		
 PHILLIPS	. LEROY			Name					
1000 TILTON ROAD PORT ST. LUCIE, FL 33452				Street Address (P.O. Box Number is Not Acceptable) 5 4/5 NW Clark //Ve					
				City			FI	Zip Coc	de 223
8. The above	e named entity submits this statement for that tions of registered agent.	ne purpose of changing its	registere	ed office or regis	stered agent, or both,	in the State o	f Florida. I am	familiar with	, and accept
	•								
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE	: Registered	1 Agent signature requi	ired when reinstating)		DATE	•	
SIGNATURE		9. Election Carr Trust Fund C	npaign Fi	inancing _	\$5.00 May Be Added to Fees	# ()		k payable t	
10.	Signature, typed or printed name of registered agent and Filling Fee Is \$61.25 Due by May 1, 2007 OFFICERS AND DIRECT	9. Election Cam Trust Fund C	npaign Fi	inancing _	\$5.00 May Be	:0	Make chec Florida Depa	rtment of S	itate
10.	Signature, typed or printed name of registered agent and Filling Fee Is \$61.25 Due by May 1, 2007 OFFICERS AND DIRECT	9. Election Carr Trust Fund C	npaign Fi contribution	inancing on.	\$5.00 May Be Added to Fees	:0	Make chec Florida Depa	rtment of S	itate
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Inereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Despring Phone #