

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763447

FILED
May 29, 2009
Secretary of State

Entity Name: MORNINGSIDE EVANGELICAL FRIENDS CHURCH, INC.

Current Principal Place of Business:

2180 SE MORNINGSIDE BLVD.
PORT ST. LUCIE, FL 349524986

New Principal Place of Business:

Current Mailing Address:

2180 SE MORNINGSIDE BLVD.
PORT ST. LUCIE, FL 349524986

New Mailing Address:

FEI Number: 59-2073064 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PHILLIPS, LEROY
5415 NW CLARK AVE.
PORT SAINT LUCIE, FL 34983 US

Name and Address of New Registered Agent:

WILLIAMS, RAMOND PD
848 SE DEGAN DRIVE
PORT SAINT LUCIE, FL 34983 US

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: RAYMOND WILLIAMS

05/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PHILLIPS, LEROY
Address: 5415 NW CLARK AVE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: T () Delete
Name: RUBY, PHILLIPS
Address: 5415 NW CLARK AVE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: PD () Delete
Name: WILLIAMS, RAYMOND
Address: 848 SE DEGAN DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAYMOND WILLIAMS

PD

05/29/2009

Electronic Signature of Signing Officer or Director

Date