

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 763447

**FILED**  
**Feb 17, 2010**  
**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 ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** RAYMOND WILLIAMS

PD

02/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date