


FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 764793 (6)</b>					
1. Corporation Name <b>MORNING STAR MISSIONARY BAPTIST CHURCH, INC.</b>					



Principal Place of Business <b>4021 RALEIGH STREET ORLANDO FL 32811</b>		Mailing Address <b>4021 RALEIGH STREET ORLANDO FL 32811</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
25 Country		30 Country	

3. Date Incorporated or Qualified <b>09/01/1982</b>	
4. FEI Number <b>59-3057946</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>KING, WILLIE 610 WEST MILLER STREET ORLANDO FL 32805</b>	
81 Name <b>HELEN L. MOORE</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>1837 COLUMBINE DR.</b>
83	84 City <b>ORLANDO</b>
85	86 Zip Code <b>32818</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Helen L. Moore (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	TD <del>DELETE</del>
NAME	<b>KING, WILLIE</b>
STREET ADDRESS	<b>610 WEST MILLER</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	TR <del>DELETE</del>
NAME	<b>MILLER, THOMAS J</b>
STREET ADDRESS	<b>4021 RALEIGH STREET</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	TRPS <input type="checkbox"/> DELETE
NAME	<b>WATTS, LEROY</b>
STREET ADDRESS	<b>4771 PIEDMONT</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	PD <del>DELETE</del>
NAME	<b>HOLMES, LOUIS F</b>
STREET ADDRESS	<b>2149 AARON AVENUE</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	SP <input type="checkbox"/> DELETE
NAME	<b>RAYDEAN, WATTS</b>
STREET ADDRESS	<b>4771 PIEDMONT CT</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>PD Celestine LEONARD</b>
1.3 STREET ADDRESS	<b>5162 Edwina Street</b>
1.4 CITY-ST-ZIP	<b>Orlando, FL 32811</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Raydean Watts 4-17-98 402-649-5571

CR2E037 (10/97)