

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 766560

1. Entity Name
MORNING STAR FAITH TEMPLE, INC.



Principal Place of Business
**659 GOLF AVE BLVD
JACKSONVILLE, FL 32206 US**

Mailing Address
**1620 PEARL STREET
JACKSONVILLE, FL 32206-4347**



03162006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2907224

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KILLINGS, MARY S.
1620 PEARL ST.
JACKSONVILLE, FL 32206**

**DO NOT WRITE
IN THIS SPACE**

6. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE MARY SHARP KILLINGS PD

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/30/06
DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KILLINGS, MARY SHARP
STREET ADDRESS 1620 PEARL ST.
CITY-ST-ZIP JACKSONVILLE, FL

TITLE SD
NAME MCBRIDE, R.E
STREET ADDRESS 1040 JEFFERSON STREET
CITY-ST-ZIP JACKSONVILLE, FL 32206

TITLE TD
NAME PARTLOW, JOYCE
STREET ADDRESS 1599 W 14TH ST.
CITY-ST-ZIP JACKSONVILLE, FL

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U00000487349
04/13/06-80071-020 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 904 554 539