

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000001827

FILED  
Sep 13, 2005  
Secretary of State

**Entity Name:** MORNING STAR MISSIONARY BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

100 FIFTH ST  
E PALATKA, FL 32131

**New Principal Place of Business:**

**Current Mailing Address:**

100 FIFTH ST  
E PALATKA, FL 32131

**New Mailing Address:**

P. O. BOX 540  
EAST PALATKA, FL 32131

**FEI Number:** 59-3674159      **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:**

DAVIS, FAYE C  
668 OLD SAN MATEO RD  
SAN MATEO, FL 32187      US

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

DAVIS, FAYE C  
668 OLD SAN MATEO ROAD  
SAN MATEO, FL 32187      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: FAYE C. DAVIS

09/13/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: DAVIS, FAYE C  
Address: 668 OLD SAN MATEO RD  
City-St-Zip: SAN MATEO, FL 32187

Title: PD      ( ) Delete  
Name: LLOYD, MAURICE REV.  
Address: 1013 ESSEX RD  
City-St-Zip: DAYTONA BCH, FL 32117

Title: DV      ( ) Delete  
Name: DAVIS, JULIUS L  
Address: P.O.BOX 636  
City-St-Zip: E PALATKA, FL 32131

Title: CD      ( ) Delete  
Name: SMITH, PATSY L  
Address: P.O.BOX 131  
City-St-Zip: E PALATKA, FL 32131

Title: SD      ( ) Delete  
Name: ANDERSON, GENEVA  
Address: 100 FIFTH ST  
City-St-Zip: E PALATKA, FL 32131

Title: TD      ( ) Delete  
Name: KNOWLES, BERDELL  
Address: 2300 SE 45TH TERR  
City-St-Zip: GAINESVILLE, FL 32641

**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:

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 for the exemption stated in Section 119.07(3)(i), 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: FAYE C. DAVIS

PD

09/13/2005

Electronic Signature of Signing Officer or Director

Date