


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90037 037 ****61.25

DOCUMENT # N02000009425					
1. Entity Name MORNING STAR BAPTIST CHURCH LAKE CITY, FLORIDA, INC.					
Principal Place of Business PO BOX 2091 LAKE CITY, FL 32056			Mailing Address PO BOX 2091 LAKE CITY, FL 32056		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number: 38-3677732	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MOTT, REV. PAUL A 3005 OAK HILL STREET LAKE CITY, FL 32025				Name Dr. Stanley E. Reedy, Jr. Street Address (P.O. Box Number is Not Acceptable) 3003 SE Oak Hill St. City Lake City FL Zip Code 32025	
8. 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 <i>Dr. Stanley E. Reedy, Jr.</i>		Dr. Stanley E. Reedy, Jr.		March 6, 2004	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PT	NAME MOTT, REV. PAUL A	<input type="checkbox"/> Delete	TITLE P	NAME Stanley E. Reedy, Jr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3005 SE. OAK HILL STREET	STREET ADDRESS 3003 SE Oak Hill St.				
CITY-ST-ZIP LAKE CITY, FL 32025	CITY-ST-ZIP Lake City, FL 32025				
TITLE T	NAME MOTT, PEGGY J	<input type="checkbox"/> Delete	TITLE T	NAME Kimberly A. Bauman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3005 SE. OAK HILL STREET	STREET ADDRESS 153 NW Layton Lane				
CITY-ST-ZIP LAKE CITY, FL 32025	CITY-ST-ZIP Lake City, FL 32055				
TITLE S	NAME BURROUGHS, VADA	<input type="checkbox"/> Delete	TITLE S	NAME Frances Green	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS RR 23 BOX 2118	STREET ADDRESS Rt. 21, Box 4076-2				
CITY-ST-ZIP LAKE CITY, FL 32025	CITY-ST-ZIP Lake City, FL 32024				
TITLE T	NAME CERROL, WILLIE A	<input type="checkbox"/> Delete	TITLE D	NAME Phyllis Prince	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS RT 9 BOX 3660	STREET ADDRESS 369 SW Lynnwood Ave.				
CITY-ST-ZIP LAKE CITY, FL 32024	CITY-ST-ZIP Lake City, FL 32024				
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE D	NAME Wayne Floyd	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	STREET ADDRESS Rt. 24, Box 163				
CITY-ST-ZIP 	CITY-ST-ZIP Lake City, FL 32024				
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	STREET ADDRESS 				
CITY-ST-ZIP 	CITY-ST-ZIP 				
12. 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 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: <i>Dr. Stanley E. Reedy, Jr.</i>		Dr. Stanley E. Reedy, Jr.		3/6/04	386-719-4316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	