


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90030 048 \*\*\*\*61.25

<b>DOCUMENT # N02000009425</b> 1. Entity Name MORNING STAR BAPTIST CHURCH LAKE CITY, FLORIDA, INC.	
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Principal Place of Business PO BOX 2091 LAKE CITY, FL 32056	Mailing Address PO BOX 2091 LAKE CITY, FL 32056
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2. Principal Place of Business 578 E. Duval Street	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lake City, FL	City & State
Zip 32055	Country



02182005 Chg-NP CR2E037 (10/03)

4. FEI Number 38-3677732	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent REEDY, STANLEY E JR. 3003 SW OAK HILL ST. LAKE CITY, FL 32025	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 NAME STREET ADDRESS CITY-ST-ZIP	P REEDY, STANLEY E JR. 3003 SE OAK HILL ST. LAKE CITY, FL 32025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAUMAN, KIMBERLY A 153 NW LAYTON LANE LAKE CITY, FL 32055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREEN, FRANCES RT. 21, BOX 4076-2 LAKE CITY, FL 32024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3671 SW Birley Avenue Lake City FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRINCE, PHYLLIS 369 SW LYNNWOOD AVE. LAKE CITY, FL 32024 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLOYD, WAYNE RT. 24, BOX 163 LAKE CITY, FL 32024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:** Kimberly A. Bauman Kimberly A. Bauman 3/12/05 386-752-4621 x279  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #