

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2003 8:00 am**  
**Secretary of State**

5/1

05-01-2003 90193 009 \*\*\*\*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

**55044387**

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**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BURROUGHS, WILLIAM M  
RR 23 BOX 2118  
LAKE CITY FL 32025**

7. Name and Address of New Registered Agent

Name

**Rev. Paul A. Mott**

Street Address (P.O. Box Number is Not Acceptable)

**3005 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

**Rev. Paul A. Mott**

**5-29-03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PIM/T</b>
STREET ADDRESS	<b>Rev. Paul Mott</b>
CITY-ST-ZIP	<b>3005 SE. Oak Hill ST. Lake City, FL 32025</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>T</b>
STREET ADDRESS	<b>Peggy Jean Mott</b>
CITY-ST-ZIP	<b>3005 S.E. Oak Hill ST. Lake City, FL 32025</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>S</b>
STREET ADDRESS	<b>Vada Burroughs</b>
CITY-ST-ZIP	<b>RR 23 Box 2118 Lake City, FL 32025</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>T</b>
STREET ADDRESS	<b>Willie Arthur Carroll</b>
CITY-ST-ZIP	<b>Rt 9 Box 3660 Lake City, FL 32024</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

**Rev. Paul A. Mott**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-28-3**

Date

**38-965-0619**

Daytime Phone #

CR2E037 (10/02)