

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006120

FILED  
Jul 30, 2008  
Secretary of State

**Entity Name:** MORNING GLORY CHRISTIAN FELLOWSHIP, INC.

**Current Principal Place of Business:**

12531 LAMAR SHAW ROAD  
JACKSONVILLE, FL 32258

**New Principal Place of Business:**

**Current Mailing Address:**

POB 10286  
JACKSONVILLE, FL 322470286

**New Mailing Address:**

P O BOX 10286  
JACKSONVILLE, FL 322470286

**FEI Number:** 56-2458242      **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:**

CORNELIUS & ASSOCIATES, LLC  
1100 CESERY BLVD.  
SUITE 10  
JACKSONVILLE, FL 32277 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: JOLLY, JEROME  
Address: 12531 LAMAR SHAW ROAD  
City-St-Zip: JACKSONVILLE, FL 32258

Title: D ( ) Delete  
Name: BROWN, WARREN  
Address: 12531 LAMAR SHAW ROAD  
City-St-Zip: JACKSONVILLE, FL 32258

Title: D ( ) Delete  
Name: MCGLOCKING, YOULANDA  
Address: 12531 LAMAR SHAW ROAD  
City-St-Zip: JACKSONVILLE, FL 32258

Title: P ( ) Delete  
Name: JOLLY, KEVIN  
Address: 12531 LAMAR SHAW ROAD  
City-St-Zip: JACKSONVILLE, FL 32258

Title: V ( ) Delete  
Name: JOLLY, SARLONDA  
Address: 12531 LAMAR SHAW ROAD  
City-St-Zip: JACKSONVILLE, FL 32258

Title: S ( ) Delete  
Name: SMITH, KIMBERLY  
Address: 12531 LAMAR SHAW ROAD  
City-St-Zip: JACKSONVILLE, FL 32258

**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 exemption stated 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 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: KIMBERLY SMITH

S

07/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date