

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006120

FILED  
Apr 30, 2012  
Secretary of State

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

**Current Principal Place of Business:**

3405 ATLANTIC BLVD  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 10286  
JACKSONVILLE, FL 322470286 US

**New Mailing Address:**

**FEI Number:** 56-2458242

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CORNELIUS & ASSOCIATES, LLC  
1100 CESERY BLVD.  
SUITE 5  
JACKSONVILLE, FL 32211 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:** P/D  
**Name:** JOLLY, KEVIN PASTOR  
**Address:** 12431 LAMAR SHAW ROAD  
**City-St-Zip:** JACKSONVILLE, FL 32258

**Title:** D  
**Name:** JOLLY, JEROME  
**Address:** 12532 LAMAR SHAW ROAD  
**City-St-Zip:** JACKSONVILLE, FL 32258

**Title:** D  
**Name:** BROWN, WARREN  
**Address:** 5141 ARROWSMITH ROAD  
**City-St-Zip:** JACKSONVILLE, FL 32208

**Title:** S/D  
**Name:** SMITH, KIMBERLY  
**Address:** 9838 OLD BAYMEADOWS ROAD, #264  
**City-St-Zip:** JACKSONVILLE, FL 32256

**Title:** VP/D  
**Name:** JOLLY, SARHONDA  
**Address:** 12431 LAMAR SHAW ROAD  
**City-St-Zip:** JACKSONVILLE, FL 32258

**Title:** TR/D  
**Name:** WRIGHT, BUCE  
**Address:** 10962 BONNELLY DRIVE  
**City-St-Zip:** JACKSONVILLE, FL 32218

I hereby 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 all other like empowered.

**SIGNATURE:** KIMBERLY SMITH

S/D

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date