2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N05000009892



FILED Mar 21, 2008 8:00 am Secretary of State

1. Entity Name MORNINGSTAR MISSIONARY BAPTIST CHURCH OF MADISON, INC.									03-21-200	8 90019	9 036 ****	61.25	
1411 BOOKER AVE P 0			P O BOX	ing Address BOX 463 DISON, FL 32341				· ·					
Principal Place of Business - No P.O. Box # Mailing Address						· · · · · · · · · · · · · · · · · · ·							
Suite, Apt. #, etc. S			Suite, A	Suite, Apt. #, etc.				03072008	Chg-NP	CR2E0	37 (12/06)		
City & State			City &	City & State				4. FEI Number 59-3598	760			oplied For ot Applicable	
Zip	Zip Country Z		Zip			ntry	5. Certificate of Status Desired			Fee Required			
	6. Name	and Address of Current	Registered A	gent				7. Name and A	ddress of New F	Registered	Agent		
MARTIN, WILLIAM. JR 637 S.E. APACHE AVE				Name Street Ado			ess (P.	ss (P.O. Box Number is Not Acceptable)					
LEE, FL 3						**************************************							
				City						FL	Zip Cod	e	
	named entit tions of regist	y submits this statement fo tered agent.	or the purpose	of changing its	registere	d office or reg	gistered	d agent, or both,	in the State of FI	orida. Iam	familiar with,	and accept	
SIGNATURE .		Low cripted power of secretaring power	and this if applicable	, MOTE	: Doginard	1 A cost cioneti ve re	an irad w	hen reinstated		DATE			
SIGNATURE .		or printed name of regustered agent	and title if applicable	e. (NOTE	E: Registered	d Agent signature re-	equired w	hen reinstating)		DATE			
SIGNATURE	Signature, typed	or printed name of registered agent on Is \$61.25 Aay 1, 2008		e. (Note 9. Election Cam Trust Fund C	npaign Fi	inancing		hen reinstating) 5.00 May Be Added to Fees	3	lake chec	k payable t		
SIGNATURE	Filing Fe	e is \$61.25		9. Election Carr	npaign Fi	inancing	\$	5.00 May Be Added to Fees	3	lake chec rida Depai	rtment of S	tate	
	Filing Fe Due by N	e is \$61.25 May 1, 2008 OFFICERS AND DII		9. Election Carr	npaign Fi Contributio	inancing on.	\$	5.00 May Be Added to Fees	Flor	lake chec rida Depai	rtment of S	tate	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 attactment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND T

VPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR