

FILE NOW: FILING FEE IS \$61.25

FILED

May 07 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27841 (8)

1. Corporation Name

MORNING STAR BAPTIST CHURCH OF ORLANDO, INC.

Principal Place of Business

Mailing Address

1123 FAIRBANKS AVENUE CHURCH
ORLANDO FL 32804
USPO BOX 585155
ORLANDO FL 32858-5155
US3. Date Incorporated or Qualified
08/11/19883a. Date of Last Report
04/15/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

4. FEI Number

59-2933322

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRUZ, MIGUEL A
605 N LAKE BLVD APT 50
BEAUMONT TOWNHOMES
ALTAMONTE SPGS FL 32701

81 Name

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

83 239 Barrow St. Apopka, FL 32712

84 City

Apopka,

FL

85 Zip Code
32712

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME AVILES, JOHN
STREET ADDRESS 800 HEATHER GLEN CIR
CITY-ST-ZIP LAKE MARY FLTITLE V ☐ DELETE
NAME FERNANDEZ, BENJAMIN
STREET ADDRESS 4812 FIGWOOD LN
CITY-ST-ZIP ORLANDO FLTITLE D ☐ DELETE
NAME ROSADAZ, ADA
STREET ADDRESS 7215 IMMOKALEE CT
CITY-ST-ZIP ORLANDO FL 32818TITLE D ☐ DELETE
NAME BURGOS, EDNA S.
STREET ADDRESS 2042 VERANDA CIRCLE
CITY-ST-ZIP ORLANDO FLTITLE D ☐ DELETE
NAME PAGAN, NYDIA
STREET ADDRESS 4805 CEDARVIEW RD
CITY-ST-ZIP ORLANDO FL 32808TITLE D ☐ DELETE
NAME SARMIENTO, EUGENIO
STREET ADDRESS 149 D SPRINGWOOD CIR
CITY-ST-ZIP LONGWOOD FL 32750

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☒ Change ☐ Addition
5.2 NAME VARGAS, Nelly
5.3 STREET ADDRESS 1835 Blossom Terr.
5.4 CITY-ST-ZIP Orlando, FL 328396.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

John Aviles

4-20-97

(407) 324-1126

CR2E037 (9/96)