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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27841

1. Corporation Name

MORNING STAR BAPTIST CHURCH OF ORLANDO, INC.

Principal Place of Business

1123 FAIRBANKS AVE (CHURCH) (TEMP)
ORLANDO FL 32804
US

Mailing Address

PO BOX 585155
ORLANDO FL 32858-155
US



2. Principal Place of Business

21 1123 Fairbanks Ave (Church)
Suite, Apt. #, etc.

2a. Mailing Address

26 PO Box 680691
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

08/11/1988

4. FEI Number

59-2933322

Applied For

Not Applicable

City & State

23 Orlando, Florida

City & State

28 Orlando, Florida

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip Country

24 32804 25 US

Zip Country

29 32868--0691 30 US

9. Name and Address of Current Registered Agent

RIVERA, PEDRO J.
2525 PERCY AVE
ORLANDO FL 32818

10. Name and Address of New Registered Agent

81 Name
Dr. Alicia S. Halstead, Pastor

82 Street Address (P.O. Box Number is Not Acceptable)
2025 Redgate Lane

83

84 City Deltona FL 85 Zip Code 32738

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 Dr. Alicia S. Halstead, Pastor

4-13-99

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE P
NAME AVILES, JOHN
STREET ADDRESS 800 HEATHER GLEN CIR
CITY-ST-ZIP LAKE MARY FL

TITLE V
NAME FERNANDEZ, BENJAMIN
STREET ADDRESS 4812 FIGWOOD LN
CITY-ST-ZIP ORLANDO FL 32808

TITLE DS
NAME VARGAS, NELLY
STREET ADDRESS 1835 BLOSSOM TR
CITY-ST-ZIP ORLANDO FL 32839

TITLE T
NAME GONZALEZ, ADA
STREET ADDRESS 7214 IMMOKALEE CT
CITY-ST-ZIP ORLANDO FL 32818

TITLE D
NAME FERNANDEZ, CARMEN M.
STREET ADDRESS 4812 FIGWOOD LN
CITY-ST-ZIP ORLANDO FL 32808

TITLE D
NAME GONZALEZ, MARIA
STREET ADDRESS 1239 LAS CRUCES DRIVE
CITY-ST-ZIP WINTER SPRINGS FL 32708

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME AVILES, JOHN
1.3 STREET ADDRESS 800 HEATHER GLEN CIR
1.4 CITY-ST-ZIP LAKE MARY FL. 32746-6131

2.1 TITLE V
2.2 NAME FERNANDEZ, BENJAMIN
2.3 STREET ADDRESS 4812 FIGWOOD LN
2.4 CITY-ST-ZIP ORLANDO, FL 32808

3.1 TITLE S
3.2 NAME FERNANDEZ, CARMEN M.
3.3 STREET ADDRESS 4812 FIGWOOD LN.
3.4 CITY-ST-ZIP ORLANDO, FL.

4.1 TITLE T
4.2 NAME GONZALEZ, ADA
4.3 STREET ADDRESS 1045 REGAL POINTE TERR. #115
4.4 CITY-ST-ZIP LAKE MARY, FL. 32746

5.1 TITLE D
5.2 NAME FERNANDEZ, CARMEN
5.3 STREET ADDRESS 4812 FIGWOOD LN.
5.4 CITY-ST-ZIP Orlando, FL. 32808

6.1 TITLE D
6.2 NAME GONZALEZ, MARIA
6.3 STREET ADDRESS 1239 LAS CRUCES DRIVE
6.4 CITY-ST-ZIP WINTER SPRINGS FL. 32708

14. 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 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, with all other like empowered.

SIGNATURE: John Aviles, President of the Board
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-99 (407)324-1126

Date Daytime Phone #

0076688

CR2EN37-111081