

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27841

1. Entity Name

MORNING STAR BAPTIST CHURCH OF ORLANDO, INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90080 016 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1123 FARIBANKS AVE (CHURCH)  
ORLANDO FL 32804  
US

P.O. BOX 680691  
ORLANDO FL 32868-0691  
US

2. Principal Place of Business

1123 Fairbanks Ave (Church)

3. Mailing Address

PO Box 680691

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

4. FEI Number

59-2933322

Applied For

Not Applicable

Zip

32804

Country

US

Zip

32868-0691

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALSTEAD, ALICIA S DR  
2025 REDGATE LANE  
DELTONA FL 32738

Name

John Aviles

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

2516 Phipps Ave

City

Orlando

FL

Zip Code

32818

8. 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 John Aviles

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

(NOTE: Registered Agent signature required when reinstating)

4-12-2000

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P  
NAME AVILES, JOHN  
STREET ADDRESS 800 HEATHER GLEN CIR  
CITY-ST-ZIP LAKE MARY FL 32746-6131  
From: ☐ Delete  
ADDRESS CHANGE ONLY

TITLE P  
NAME AVILES, JOHN  
STREET ADDRESS 2516 Phipps Ave  
CITY-ST-ZIP Orlando, FL. 32818  
☐ Change ☐ Addition

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

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

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

TITLE DS  
NAME TORRES, JACQUELINE  
STREET ADDRESS 1813 PAIRVIEW SHORES DR.  
CITY-ST-ZIP ORLANDO, FL. 32804  
☒ Change ☐ Addition

TITLE T  
NAME GONZALEZ, ADA  
STREET ADDRESS 1045 REGAL PPOINTE TERR #115  
CITY-ST-ZIP LAKE MARY FL 32746  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

TITLE  
NAME BOSCAN, MIRIAM.  
STREET ADDRESS 292 SOUTHWYMORE RD.  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL. 32714  
☒ Change ☐ Addition

12. 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 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 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

4-12-00 (407)522-9296

Date

Daytime Phone #

CR2E037 (9/99)