

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90215 043 \*\*\*\*61.25

**DOCUMENT # N27841**

1. Entity Name

**MORNING STAR BAPTIST CHURCH OF ORLANDO, INC.**

Principal Place of Business

1123 FAIRBANKS AVE (CHURCH)  
 ORLANDO FL 32804  
 US

Mailing Address

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

2. Principal Place of Business

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

3. Mailing Address

PO Box 680691  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Orlando, Florida

City & State

Orlando, Florida

4. FEI Number

59-2933322

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

AVILES, JOHN  
 2516 PHIPPS AVENUE  
 ORLANDO FL 32818

7. Name and Address of New Registered Agent

Name Gabriel Aviles

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

City Winter Springs

FL

Zip Code  
 32708

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 Gabriel Aviles

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

(Pastor)

(NOTE: Registered Agent signature required when reinstating)

4-12-01

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

TITLE	D	AVILES, JOHN	<input type="checkbox"/> Delete
NAME		2516 PHIPPS AVENUE	
STREET ADDRESS		ORLANDO FL 32818	
CITY-ST-ZIP			
TITLE	D	FERNANDEZ, BENJAMIN	<input type="checkbox"/> Delete
NAME		4812 FIGWOOD LN	
STREET ADDRESS		ORLANDO FL 32808	
CITY-ST-ZIP			
TITLE	BS	TORRES, JACQUELINE	<input checked="" type="checkbox"/> Delete
NAME		1813 PALMVIEW SHORES DRIVE	
STREET ADDRESS		ORLANDO FL 32804	
CITY-ST-ZIP			
TITLE	D	GONZALEZ, ADA	<input type="checkbox"/> Delete
NAME		1045 REGAL PPOINTE TERR #115	
STREET ADDRESS		LAKE MARY FL 32746	
CITY-ST-ZIP			
TITLE	D	FERNANDEZ, CARMEN M.	<input type="checkbox"/> Delete
NAME		4812 FIGWOOD LN	
STREET ADDRESS		ORLANDO FL 32808	
CITY-ST-ZIP			
TITLE	D	BOSCAN, MIRIAM	<input type="checkbox"/> Delete
NAME		292 SOUTH WYMORE ROAD	
STREET ADDRESS		ALTAMONTE SPRINGS FL 32714	
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D	GONZALEZ, MARIA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1239 LAS CRUCES DRIVE	
STREET ADDRESS		WINTER SPRINGS FL. 32708	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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

4-12-01 (407) 522-9296  
 Date Daytime Phone #

CR2E037 (10/00)