

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27841

1. Entity Name

MORNING STAR BAPTIST CHURCH OF ORLANDO, INC.

Principal Place of Business

1123 FARIBANKS 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.

City & State

Orlando, Florida

Zip Country  
32804 US

City & State

Orlando, Florida

Zip Country  
32868-0691 Orange

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, GABRIEL  
504 BONITA RD  
WINTER SPRINGS FL 32708

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

(Pastor)

3-11-02

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 ☐ Delete  
NAME AVILES, JOHN  
STREET ADDRESS 2516 PHIPPS AVENUE  
CITY-ST-ZIP ORLANDO FL 32818

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

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

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

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

TITLE ☐ Delete  
NAME BOSCAN, MIRIAM  
STREET ADDRESS 292 SOUTH WYMORE ROAD  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME AVILES, JOHN  
STREET ADDRESS 2446 Percy Avenue  
CITY-ST-ZIP ORLANDO FL 32818

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

TITLE ☒ Change ☐ Addition  
NAME ENCARNACION, MARTHA E.  
STREET ADDRESS 5213 Bonnie Brae Cir.  
CITY-ST-ZIP Orlando, FL 32808

TITLE ☒ Change ☐ Addition  
NAME RIVERA, MARIYA  
STREET ADDRESS 604 Bonita Rd.  
CITY-ST-ZIP Winter Springs, FL 32708

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

TITLE ☐ Change ☐ 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 3-15-02 (407) 522-9296

FILED  
Mar 29, 2002 8:00 am  
Secretary of State

03-29-2002 91399 012 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)