

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2003 8:00 am
Secretary of State

005184

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

**AVILES, GABRIEL
604 BONITA RD
WINTER SPRINGS FL 32708**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **GABRIEL AVILES (SENIOR PASTOR)**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/9/03
DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **AVILES, JOHN**
STREET ADDRESS **2446 PERCY AVE**
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **M/T** ☐ Change ☒ Addition
NAME **VIMARY E. AVILES**
STREET ADDRESS **604 BONITA ROAD**
CITY-ST-ZIP **WINTER SPRINGS FL. 32708**

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

TITLE **M/D** ☐ Change ☒ Addition
NAME **GEORGE ENCARNACION**
STREET ADDRESS **5213 BONNIE BRAE CIR.**
CITY-ST-ZIP **ORLANDO FL. 32808**

TITLE **D** ☐ Delete
NAME **ENCARNACION, MARTHA E**
STREET ADDRESS **5213 BONNIE BRAE CIR**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **P/D** ☒ Change ☐ Addition
NAME **MARTHA E. ENCARNACION**
STREET ADDRESS **(SAME ADDRESS)**
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **RIVERA, MARIYA**
STREET ADDRESS **604 BONITA RD**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **V/T/D** ☒ Change ☐ Addition
NAME **MARIYA ROMAN**
STREET ADDRESS **(NAME CHANGED W/ SAME ADDRESS)**
CITY-ST-ZIP

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

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

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

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: **GABRIEL AVILES (PRESIDENT)** **9/9/03** **(407) 327-3024**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)

attachment

550510552
#V27841

I APOLOGIZE FOR THE USE
OF POSTAL MONEY ORDERS.
BECAUSE OF THE THEFT OF
A CHURCH CHECK, WE WERE
FORCE TO CLOSE THE ACCOUNT
TEMPORARILY AND USE MONEY
ORDERS. THANK YOU!
PASTOR GABRIEL