FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 MAR 20 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900001436089
-03/22/95--01034--016
*****70.00 *****70.00

DOCUMENT # N44539 (7)

1. Corporation Name
MORNING GLORY M. B. CHURCH INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1805 N ALBANY AVE TAMPA FL 33607	1805 N ALBANY AVE TAMPA FL 33607

3. Date Incorporated or Qualified: 08/01/1991
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-2340187 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 - SAME	26 SAME
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

HUMPHREY, P L SR, REV
4211 E HANNA AVE
1805 N ALBANY AVE
TAMPA FL 33610

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Rev. P. L. Humphrey Sr. (NOTE: Registered Agent signature required when executing) March 10, 1995
Signature, typed or printed name of registered agent and title if applicable (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	HUMPHREY, PAUL L SR	12 NAME	
STREET ADDRESS	4211 E HANNA AVE	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, PANEBITA	22 NAME	
STREET ADDRESS	9314 N HARTIS DR	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	24 CITY ST ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	SINGLETON, MELVINA	32 NAME	
STREET ADDRESS	3720 E DELEVIL AVE	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	BLANGER, MICHAEL T SR	42 NAME	
STREET ADDRESS	3603 N B ST	43 STREET ADDRESS	
CITY-ST ZIP	TAMPA FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	COLLINS, PALMER	52 NAME	
STREET ADDRESS	110 W OAK ST	53 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	CALLAHAN, WILLIAMS	62 NAME	
STREET ADDRESS	8207 DEVANE DR	63 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	64 CITY ST ZIP	

JEA 3-20

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Rev. P. L. Humphrey Sr. March 10, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OR OFFICER OR DIRECTOR (Date)