FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 19, 1999 8:00 am § Secretary of State 04-19-1999 90026 050 ****61.25

DOCUMENT # N49795

MORNING STAR CHRISTIAN FELLOWSHIP, INCORPORATED

Principal Place of Business
101-31 WEST 48TH STREET JACKSONVILLE FL 32208 US

Mailing Address ATTN: CHARLENE WILLIAMS 4460 MELISSA COURT WEST JACKSONVILLE FL 32210

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	•											
2. Principal P	lace of Business 2a. Mailing Address					3. Date Incorporated or Qualifed						
21		26						07/09/1992			1	U 1 - F
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				- 1	4. FEI Number 59-3135378		-		lied For Applicable
22		27	O't . P. Ctata					38 3 133076		40		
City & Stat								5. Certifcate of Status Desired	See Required			
Zip	Country	\top	Zip Country					6. Election Campaign Financing				lay Be
24	25	29		30				Trust Fund Contribution		Ad	ded to	Fees
	9. Name and Address of Current I	Regis	stered Agent					10. Name and Address of New F	Registered A	Agent		
					81	Name						
WILLIAMS, KENNETH A.						Stroot A	ddroc	e (P.O. Boy Number is Not Accents	able)			
					82 Street Address (P.O. Box Number is Not Acceptable)							
	ISSA COURT W				83							
JACKSUN	VILLE FL 32210											
					84	City			FL	85	Zip C	ode
44 5	to the provisions of Sections 617.0502	and 6	17 1500 Florido Statut	or the	above	-named c	comor	ation submits this statement for the	purpose of	changi	na its r	egistered
office or r	registered agent, or both, in the State of m familiar with, and accept the obligation	HOR	da. Such change was a	iutnoriz	ea by	tne corpo	ration	's board of directors. I hereby accep	ot the appoir	ntment	as reg	stered
SIGNATURE									DATE		,	
	Signature, typed or printed name of registered agent a					t signature rec	quired w	when reinstating) ADDITIONS/CHANGES TO OF		n nigi	CTO	S IN 12
12.	OFFICERS AND	DIR		13				ADDITIONS/CHANGES TO OF	FICENS AN	☐ Ch		Addition
TITLE	D		☐ DELETE		TITLE						ango	L rigation
NAME	KELLY, JANET				NAME							•
STREET ADDRESS	1532 DYAL STREET			1.3	STREET	ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL 32206			1.4	CITY-SI	r-ZiP						
TITLE	PD		☐ DELETE	2.1	TTLE	1				Ch	ange	☐ Addition
NAME	WILLIAMS, KENNETH A			2.2	NAME							
STREET ADDRESS	4460 MELISSA COURT WEST			2.3	STREET	ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL 32210			2.4	CITY-S	T-ZIP						
TITLE	VD		☐ DELETE		TITLE					Ch	ange	☐ Addition
NAME	WILLIAMS, CHARLENE'S	-	. a	- 3.2	NAME							-
STREET ADDRESS	ALCO MELICON COURT INCOT					ADDRESS						
	JACKSONVILLE FL 32210				. CITY-S							
CITY-ST-ZIP	UNDINOCHVILLE FE SZZ IU		☐ DELETE	_	TITLE					☐ Ch	ange	☐ Addition
					NAME							
NAME						TADDRESS						
STREET ADDRESS												
CITY-ST-ZIP			☐ DELETE	_	CITY-S'	1-219				□Ch	ange	Addition
TITLE			C) Details	1	NAME							
NAME				1		TADDRESS		_				
STREET ADDRESS								·				
CITY-ST-ZIP					CITY-ST	1-ZIP					0000	☐ Addition
TITLE			☐ DELETE		TITLE					☐ Ch	ariye	☐ Addition
NAME					NAME							
STREET ADDRESS						TADDRESS						
CITY-ST-ZIP				6.4	CITY-S'	T-ZIP						

14. 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 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 of 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, with all other like empowered.

SIGNATURE: