

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90128 021 \*\*\*\*61.25

**DOCUMENT # N49795**

1. Entity Name

**MORNING STAR CHRISTIAN FELLOWSHIP, INCORPORATED**

Principal Place of Business

Mailing Address

101-11 WEST 48TH STREET  
 JACKSONVILLE FL 32208  
 US

ATTN: CHARLENE WILLIAMS  
 4460 MELISSA COURT WEST  
 JACKSONVILLE FL 32210-8712  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3135378**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WILLIAMS, KENNETH A.**  
**4460 MELISSA COURT W**  
**JACKSONVILLE FL 32210**

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.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**  Delete  
 NAME **KELLY, JANET**  
 STREET ADDRESS **1532 DYAL STREET**  
 CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **D/T**  Change  Addition  
 NAME **ALLIE WALKER-HYBAR**  
 STREET ADDRESS **9580 HARRIET AVE.**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32208**

TITLE **PD**  Delete  
 NAME **WILLIAMS, KENNETH A**  
 STREET ADDRESS **4460 MELISSA COURT WEST**  
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **D/S**  Change  Addition  
 NAME **JANET KELLY**  
 STREET ADDRESS **3952 ATLANTIC BLVD. # F11**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE **VD**  Delete  
 NAME **WILLIAMS, CHARLENE S**  
 STREET ADDRESS **4460 MELISSA COURT WEST**  
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
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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: \_\_\_\_\_

*Charlene Williams*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00  
 Date

904-777-4561  
 Daytime Phone #