

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3135378

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

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



DO NOT WRITE IN THIS SPACE

C008678U