


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N94000004024</b>	
1. Entity Name <b>THE NEW BRIGHT AND MORNING STAR HOLINESS MISSIONARY BAPTIST CHURCH, INC.</b>	

Principal Place of Business <b>1805 N. ALBANY AVE TAMPA, FL 33607 US</b>	Mailing Address <b>1805 N. ALBANY AVE TAMPA, FL 33607 US</b>
---	---

**DO NOT WRITE IN THIS SPACE**



07092004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3230995</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  <b>CAMPBELL, ERIC E 1805 N. ALBANY AVE TAMPA, FL 33607</b>
---

**DO NOT WRITE  
IN THIS SPACE**

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 <i>Rev. Eric E. Campbell</i> <small>Signature, typed or printed name of registered agent and use if applicable</small>	DATE <b>7/11/04 (813)980-2981</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>Filing Fee is \$61.25 Due by September 8, 2004</b>
---

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
---	---------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPBELL, ERIC E 1805 N. ALBANY AVE TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WRIGHT, ROBERT C 1805 N. ALBANY AVE TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Williams, Ronald</i> <del>HOLMES, MARK</del> 1805 N. ALBANY AVE TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEATON, AARON 1805 N. ALBANY AVE TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, MARCH 1805 N. ALBANY AVE TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

07/16/04-800008-013 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 persons empowered.	
SIGNATURE: <i>Robert C. Wright</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <b>7/11/04</b> DAYTIME PHONE # <b>813-786-1608</b>