

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2006 8:00 am
Secretary of State

05-03-2006 90212 049 ****70.00

DOCUMENT # N96000002753					
1. Entity Name MORNING STAR MISSIONARY BAPTIST CHURCH OF FORT PIERCE, INC.					
Principal Place of Business 2608 AVENUE G FT PIERCE, FL 34947			Mailing Address 2608 AVENUE G FT PIERCE, FL 34947		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04182006 Chg-NP CR2E037 (11/05)	
City & State		City & State		4. FEI Number 66-0201724	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCKINNON, MICHAEL L JR 911 DELAWARE AVENUE FT PIERCE, FL 34950				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>MICHAEL L. MCKINNON, JR</u> 4-18-2006 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, LEONARD PASTOR 4205 57TH COURT VERO BEACH, FL 32967	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARGRETT, RONALD 3515 AVENUE F FT PIERCE, FL 34947	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEASLEY, ANTHONY J 5501 SAN DIEGO AVENUE FT PIERCE, FL 34946	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONS, WILLIE E 4903 MATANZAS AVE FORT PIERCE, FL 34946	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO JOHNSON, EFAE 303 N 32ND ST FORT PIERCE, FL 34947	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty Row]				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty Row]				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty Row]				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GO JOHN PINNICK 5005 SAN DIEGO AVE FT. PIERCE, FL 34946				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty Row]				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty Row]				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Leonard A. Wilson PD</u> 6-13-2006 (772) 595-6714 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					