

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002753

FILED  
Jun 22, 2009  
Secretary of State

**Entity Name:** MORNING STAR MISSIONARY BAPTIST CHURCH OF FORT PIERCE, INC.

**Current Principal Place of Business:**

2608 AVENUE G  
FT PIERCE, FL 34947

**New Principal Place of Business:**

**Current Mailing Address:**

2608 AVENUE G  
FT PIERCE, FL 34947

**New Mailing Address:**

**FEI Number:** 66-0201724      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MCKINNON, MICHAEL L JR  
911 DELAWARE AVENUE  
FT PIERCE, FL 34950      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: WILSON, LEONARD PASTOR  
Address: 4205 57TH COURT  
City-St-Zip: VERO BEACH, FL 32967

Title: D      ( ) Delete  
Name: ARGRETT, RONALD  
Address: 1504 JUANITA AVNUE  
City-St-Zip: FORT PIERCE, FL 34946

Title: D      ( ) Delete  
Name: PINNICK, JOHN  
Address: 5005 SAN DEIGO AVE  
City-St-Zip: FORT PIERCE, FL 34946

Title: D      ( ) Delete  
Name: SIMMONS, WILLIE E  
Address: 4903 MATANZAS AVE  
City-St-Zip: FORT PIERCE, FL 34946

Title: CO      ( ) Delete  
Name: JOHNSON, EFFIE  
Address: 303 N 32ND ST  
City-St-Zip: FORT PIERCE, FL 34947

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEONARD WILSON

PD

06/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date