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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000000763

1. Corporation Name
MORNINGSTAR MISSIONARY BAPTIST CHURCH OF BARTOW, INC.

607635 - 90002 - 18

Principal Place of Business	Mailing Address
1240 E GAY STREET BARTOW FL 33830	1240 E GAY STREET BARTOW FL 33830

2. Principal Place of Business
1
Suite, Apt. #, etc.
2
City & State
3
Zip
4
Country
25

2a. Mailing Address
26 P.O. BOX 2302
Suite, Apt. #, etc.
27
City & State
28 BARTOW FLA.
Zip
29 33831
Country
30 U.S.A.

3. Date Incorporated or Qualified
02/09/1998

4. FEI Number
59-3440699
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

WHITE, LEE R
160 E SUMMERLIN STREET STE 202
BARTOW FL 33830-4647

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relocating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WHITE, LEE R		1.2 NAME		
STREET ADDRESS	403 3 AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL 33830		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, LINDA K		2.2 NAME		
STREET ADDRESS	370 9 AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL 33830		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WHITE, LUE B		3.2 NAME		
STREET ADDRESS	403 E AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL 33830		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/99)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: L. SIGNATURE REQUIRED B. WHITE 07-05-99 941-533-0378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #