

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000763

1. Entity Name

MORNINGSTAR MISSIONARY BAPTIST CHURCH OF BARTOW,

Principal Place of Business

1240 E GAY STREET
BARTOW FL 33830

Mailing Address

PO BOX 2302
BARTOW FL 33831-2302
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

59-3440699

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

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

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 PD
NAME WHITE, LEE R
STREET ADDRESS 403 3 AVE
CITY-ST-ZIP BARTOW FL 33830 ☐ Delete

TITLE V.D.
NAME CLARENCE WHITE ☐ Change ☒ Addition
STREET ADDRESS 1810 EAST GEORGIA STREET
CITY-ST-ZIP BARTOW, FL 33830

TITLE VD
NAME JOHNSON, LINDA K
STREET ADDRESS 370 9 AVE
CITY-ST-ZIP BARTOW FL 33830 ☐ Delete

TITLE T
NAME LINDA K. JOHNSON ☒ Change ☐ Addition
STREET ADDRESS 370 9th AVE
CITY-ST-ZIP BARTOW FL 33830

TITLE STD
NAME WHITE, LUE B
STREET ADDRESS 403 E AVE
CITY-ST-ZIP BARTOW FL 33830 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE V.D.
NAME LINDA K. JOHNSON
STREET ADDRESS 370 9th AVENUE
CITY-ST-ZIP BARTOW FL 33830 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 of Linda K. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90115 021 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

3-14-2000 863-533-0378