

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90137 037 ****61.25

DOCUMENT # N98000000763

1. Entity Name

**MORNINGSTAR MISSIONARY BAPTIST CHURCH OF
BARTOW, INC.**



Principal Place of Business

**1240 E GAY STREET
BARTOW FL 33830**

Mailing Address

**1240 E GAY STREET
BARTOW FL 33830
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

**CLARENCE WHITE
1810 E. GEORGIA ST.
BARTOW FL 33830-4847**

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

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
Due By May 1, 2004**

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 ☐ Delete
NAME PD
STREET ADDRESS WHITE, CLARENCE
CITY-ST-ZIP 1810 E. GEORGIA ST.
BARTOW FL 33830

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

TITLE ☐ Delete
NAME S
STREET ADDRESS BELLMON, CYNTHIA D
CITY-ST-ZIP 415 5TH AVE.
BARTOW FL 33830

TITLE ☐ Delete
NAME VD
STREET ADDRESS JOHNSON, BULTER JR.
CITY-ST-ZIP 370 9TH AVE.
BARTOW FL 33830

TITLE ☐ Delete
NAME AS
STREET ADDRESS KIMBLE, MARGIE L
CITY-ST-ZIP 320 9TH AVE
BARTOW FL 33830

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda K. Johnson

4/28/04 863-533-7048

Date

Daytime Phone #