

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

05-04-2007 90082 014 ***61.00
N98000000763

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07 MAY 16 AM 8:29



1st MOORE CR2E037 (10/06)

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 - No P.O. Box #		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 CLARENCE WHITE 1810 E. GEORGIA ST. BARTOW FL 33830-4647		7. Name and Address of New Registered Agent Name: Elder Butler Johnson JR. Street Address (P.O. Box Number is Not Acceptable): 420-7th Ave City: Bartow FL 33830	
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: <i>Butler Johnson Jr.</i> Signature, typed or printed name of registered agent if title is applicable		SIGNATURE: <i>Butler Johnson Jr.</i> (NOTE: Registered Agent signature required when reinstating)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: WHITE, CLARENCE STREET ADDRESS: 1810 E. GEORGIA ST. CITY-ST-ZIP: BARTOW FL 33830	☒ Delete	TITLE: PD NAME: Elder Butler Johnson JR. STREET ADDRESS: 370-9th Ave CITY-ST-ZIP: Bartow, FLA. 33830	☒ Change ☐ Addition
TITLE: T NAME: JOHNSON, LINDA K STREET ADDRESS: 370 9 AVE CITY-ST-ZIP: BARTOW FL 33830	☐ Delete	TITLE: S. NAME: Linda K. Johnson STREET ADDRESS: 370-9th Ave CITY-ST-ZIP: Bartow, FLA. 33830	☒ Change ☐ Addition
TITLE: S NAME: BELLMON, CYNTHIA D STREET ADDRESS: 415 5TH AVE. CITY-ST-ZIP: BARTOW FL 33830	☒ Delete	TITLE: T NAME: Theresa Johnson STREET ADDRESS: 370-9th Ave CITY-ST-ZIP: Bartow, FLA. 33830	☒ Change ☒ Addition
TITLE: VD NAME: JOHNSON, BULTER JR. STREET ADDRESS: 370 9TH AVE. CITY-ST-ZIP: BARTOW FL 33830	☐ Delete	TITLE: VP NAME: Billy Collier STREET ADDRESS: 1618 N. Vermont Ave CITY-ST-ZIP: Lakeland, Fla 33801	☐ Change ☒ Addition
TITLE: AS NAME: KIMBLE, MARGIE L STREET ADDRESS: 320 9TH AVE CITY-ST-ZIP: BARTOW FL 33830	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	☐ Change ☐ Addition
TITLE: CC NAME: JOHNSON, BUTLER SR. REV STREET ADDRESS: 370 9TH AVE CITY-ST-ZIP: BARTOW FL 33830	☐ 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 exemptions contained in Section 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: <i>Butler Johnson Jr.</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		(863) 440-1529 Date: Displaying Phone #:	