

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90366 009 \*\*\*\*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

PO BOX 2302  
BARTOW FL 33831  
US

2. Principal Place of Business

1240 E Gay Street

3. Mailing Address

1240 - E. Gay St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1240 E Gay Street

Same

City & State

City & State

Bartow, FLA.

Bartow, FLA.

Zip  
33830

Country  
POLK

Zip  
33830

Country  
POLK

4. FEI Number 59-3440699

59-3440699

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
Clarence white  
Street Address (P.O. Box Number is Not Acceptable)  
1810 E. Georgia St  
City  
Bartow  
FL  
Zip Code  
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 Clarence white President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Clarence white 4/24/03

FILE NOW: FEE IS \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PD WHITE, LEE R 403 3 AVE BARTOW FL 33830	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSO JOHNSON, LINDA K 370 9 AVE BARTOW FL 33830	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WHITE, LUE B 403 E AVE BARTOW FL 33830	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHITE, CLARENCE 1810 E GEORGIA ST BARTOW FL 33830	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD KIMBLE, MARGIE L 320 9TH AVE BARTOW FL 33830	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Clarence white 1810 E. Georgia St Bartow, FLA 33830	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Bellmon D. Cynthia 445 5th Ave Bartow, FLA 33830	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JA. Johnson Butler 370-9th ave Bartow, FLA 33830	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

Clarence white

CR2E037 (10/02)