05051999-90039-028-$70.00-$70.00

FILED
May 05, 1999 8:00 am
Secretary of State
05-05-1999 90039 028 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # N98000003325

1. Corporation Name
MORNINGSTAR BAPTIST CHURCH OF JACKSONVILLE, INC

* 5 6 1 3 4 8 *
561348 - 90085 - 15

Principal Place of Business	Mailing Address
932 W 18 STREET JACKSONVILLE FL 32209	932 W 18 STREET JACKSONVILLE FL 32209

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

3. Date Incorporated or Qualified: 06/05/1998
4. FEI Number: 59-3514637 ☐ 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
CARSON, RONALD B SR
1751 W 20 STREET
JACKSONVILLE FL 32209

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE Tr ☐ DELETE NAME AlONZA Mitchell STREET ADDRESS 1016 Cas Rebidad Dr Jax Fl CITY-ST-ZIP Jax Fl 32211		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE S ☐ DELETE NAME Demetrich L Phelps STREET ADDRESS 1981 w 18 CITY-ST-ZIP Jax Fla 32209		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE T ☐ DELETE NAME Vera Morr[illegible] STREET ADDRESS 717 [illegible] CITY-ST-ZIP Jax Fla 32209		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE Tr ☐ DELETE NAME Milton Person STREET ADDRESS 4519 Ken Knight Dr. N. CITY-ST-ZIP Jacksonville FL 32209		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE Tr ☐ DELETE NAME Lucitha McCoo STREET ADDRESS 1611 W 30th ST CITY-ST-ZIP Jax Fla 32209		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: AlONZA Mitchell 4-25-99 202 1164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)