

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90199 040 *****70.00

DOCUMENT # N98000003325

1. Entity Name

MORNINGSTAR BAPTIST CHURCH OF JACKSONVILLE, INC



Principal Place of Business

**932 W 18 STREET
JACKSONVILLE FL 32209**

Mailing Address

**932 W 18 STREET
JACKSONVILLE FL 32209**

11033311



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3514637**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CARSON, RONALD B SR
1751 W 20 STREET
JACKSONVILLE FL 32209**

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

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

T ☐ Delete
NAME **MITCHELL, ALONZA**
STREET ADDRESS **1016 REBROA DR JAX. FL**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

T ☐ Change ☒ Addition
NAME **MICHAEL LEE SR.**
STREET ADDRESS **10640 WAKE FOREST AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

S ☐ Delete
NAME **PHELPS, DEMETRICH L**
STREET ADDRESS **1981 W 6**
CITY-ST-ZIP **JACKSONVILLE FL 32209**

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

T ☐ Delete
NAME **MORRY, VERA**
STREET ADDRESS **7117 DOSTRE DR. EST.**
CITY-ST-ZIP **JACKSONVILLE FL 32209**

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

T ☐ Delete
NAME **PERSON, MILTON**
STREET ADDRESS **4519 KNIGHT DR. N.**
CITY-ST-ZIP **JACKSONVILLE FL 32209**

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

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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]* **REQUIRED** *Ronald B. Carson Sr. 4-30-03 904-356-4217*

CR2E037 (10/02)