


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90152 048 ****61.25

DOCUMENT # 720134 1. Entity Name MORNING STAR CHARITIES, INC.			
Principal Place of Business 549 WYMORE RD., NORTH SUITE 109 MAITLAND, FL 32751		Mailing Address 549 WYMORE RD., NORTH SUITE 109 MAITLAND, FL 32751	
2. Principal Place of Business 2180 W. State Road 434 Suite, Apt. #, etc. Ste. 6190 City & State Longwood, FL Zip 32779		3. Mailing Address 2180 W. State Road 434 Suite, Apt. #, etc. Ste. 6190 City & State Longwood, FL Zip 32779	
4. FEI Number 59-1347759		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ICARDI, JEFFREY A 549 WYMORE RD., NORTH SUITE 109 MAITLAND, FL 32751		7. Name and Address of New Registered Agent Name ICardi, Jeffrey A Street Address (P.O. Box Number is Not Acceptable) 2180 W. State Road 434, Ste. 6190 City Longwood	
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.		DATE 2/25/05	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$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 FERRELL, JIM	<input type="checkbox"/> Delete	
STREET ADDRESS 1400 FAIRBANKS AVE SUITE 101	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP WINTER PARK, FL 32789			
TITLE VD	NAME DANIELS, NANCY	<input type="checkbox"/> Delete	
STREET ADDRESS 766 N.S.R. 434	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP ALTAMONTE SPRG, FL			
TITLE SD	NAME ICARDI, JEFFREY	<input type="checkbox"/> Delete	
STREET ADDRESS 549 WYMORE RD. N., STE 109	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP MAITLAND, FL 32751			
TITLE TD	NAME INCINELLI, VICTOR	<input type="checkbox"/> Delete	
STREET ADDRESS 1031 W. MORSE BLVD	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP WINTER PARK, FL 32789			
TITLE TD	NAME ICARDI, JEFFREY	<input type="checkbox"/> Delete	
STREET ADDRESS 2180 W. State Road 434, Ste. 6190	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP Longwood, FL 32779			
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: _____		2/28/05 Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	