

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 720134**

1. Entity Name  
**MORNING STAR CHARITIES, INC.**



Principal Place of Business

**2180 W. STATE ROAD 434  
SUITE 6190  
LONGWOOD, FL 32779**

Mailing Address

**2180 W. STATE ROAD 434  
SUITE 6190  
LONGWOOD, FL 32779**



01042006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1347759**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ICARDI, JEFFREY A  
2180 W. STATE ROAD 434 STE 6190  
LONGWOOD, FL 32779**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FERRELL, JIM
STREET ADDRESS	1400 FAIRBANKS AVE SUITE 101
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	VD
NAME	DANIELS, NANCY
STREET ADDRESS	766 N.S.R. 434
CITY-ST-ZIP	ALTAMONTE SPRG, FL
TITLE	SD
NAME	ICARDI, JEFFREY
STREET ADDRESS	2180 W. STATE ROAD 434 STE 6190
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	TD
NAME	INCINELLI, VICTOR
STREET ADDRESS	1031 W. MORSE BLVD
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/07/06-80018-017 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*  
1/6/06

Daytime Phone #