

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

DOCUMENT # *ND-1000007687*

1. Entity Name

*MORNING STAR Ministries*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*2650 CHARLIE TAYLOR Rd.*

Suite, Apt. #, etc.

*N/A*

3. Mailing Address

*2650 CHARLIE TAYLOR Rd.*

Suite, Apt. #, etc.

*N/A*

City & State

*PLANT CITY FL.*

City & State

*PLANT CITY FL.*

Zip

*33565*

Country

*U.S.A.*

Zip

*33565*

Country

*U.S.A.*

4. FEI Number

*593756740*

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

*WAYNE B. EVANS*

Street Address (P.O. Box Number is Not Acceptable)

*2650 CHARLIE TAYLOR Rd.*

*PLANT CITY, FL.*

City

**FL**

Zip Code

*33565*

**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.

SIGNATURE

*Wayne B Evans*

*(WAYNE B. EVANS)*

*4-19-02*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**

**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

*PRESIDENT  
WAYNE B. EVANS  
2650 CHARLIE TAYLOR Rd.  
PLANT CITY, FL. 33565*

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

*800005555398--8  
-05/16/02--01065--028  
\*\*\*\*\*70.00 \*\*\*\*\*70.00*

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

*VICE PRESIDENT  
VILMA EVANS  
2650 CHARLIE TAYLOR Rd.  
PLANT CITY, FL. 33565*

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

*SECRETARY  
PEARL WHITE  
1302 E. TOLAN ST.  
PLANT CITY, FL. 33566*

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

*TREASURER  
FRANCES LEE  
1314 WILLIAMS Rd  
PLANT CITY, FL. 33565*

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

*TRUSTEE  
ODES HOLMANN  
1701 W. LANE  
LAKELAND FL. 33565*

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

*61.25  
8.75  
70.00*

TITLE  
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 on an attachment with an address, with all other like empowered.

SIGNATURE

*Wayne B Evans*

*4-19-02*

*8137546934*

CR2E037B (12/01)