


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90045 026 ****70.00

DOCUMENT # N01000007687	
1. Entity Name MORNINGSTAR MINISTRIES, INC.	

Principal Place of Business 2650 CHARLIE TAYLOR ROAD PLANT CITY FL 33566	Mailing Address 2650 CHARLIE TAYLOR ROAD PLANT CITY FL 33566
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2. Principal Place of Business <i>2650 Charlie Taylor Rd.</i>	3. Mailing Address <i>Same</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Plant City FL</i>	City & State <i>FL</i>
Zip <i>33565</i>	Country <i>Hillsborough</i>
Zip <i>33565</i>	Country <i>Hills.</i>



1st MOORE CR2E037 (10/04)

4. FEI Number 59-3756740	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent EVANS, WAYNE B 2650 CHARLIE TAYLOR ROAD PLANT CITY FL 33566	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>- Same -</i> City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD EVANS, WAYNE B 2650 CHARLIE TAYLOR ROAD PLANT CITY FL 33566 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>None</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD EVANS, VILMA 2650 CHARLIE TAYLOR ROAD PLANT CITY FL 33566 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>None</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, PEARL 1302 E. TOMLIN STREET PLANT CITY FL 33566 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>None</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, FRANCES 1317 WILLIAMS WOOD DR. PLANT CITY FL 33565 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>None</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOLMAN, ODES 1701 W LANE LAKELAND FL 33565 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>None</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Wayne B Evans

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-05

Date

8137546934

Daytime Phone #