2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000007687

1. Entity Name

MORNINGSTAR MINISTRIES, INC.

Principal Place of Business	Mailing Address
2650 CHARLIE TAYLOR ROAD PLANT CITY FL 33565	2650 CHARLIE TAYLOR ROAD PLANT CITY FL 33566

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
~~PLANT CITY~~	~~2650 Charlie Taylor Rd~~
Suite, Apt. #, etc ~~—~~	Suite, Apt. #, etc. ~~—~~
City & State ~~Plant City, Fla~~	City & State ~~Plant City FL~~
Zip ~~33565~~ Country ~~Hillsborough~~	Zip ~~33565~~ County ~~Hillsborough~~

4. FEI Number 59-3756740 ☐ Applied For ☐ Not Applicable

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

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)

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2007 70.00

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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition U00000604482 01/29/07-80055-004 70.00
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VSD EVANS, VILMA 2650 CHARLIE TAYLOR ROAD PLANT CITY FL 33566	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D CRUMLY, DENNY 11450 OLD GRADE RD POLK CITY FL 33868-5504	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D LEE, FRANCES 1317 WILLIAMS WOOD DR. PLANT CITY FL 33565	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T HOLMAN, ODES 1701 W LANE LAKELAND FL 33565	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Wayne B Evans 01/22/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #