

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
May 02, 2005 8:00 am
Secretary of State**

05-02-2005 90569 021 ****61.25

4011 MOORINGS LANE



04222005 Chg-NP CR2E037 (10/03)

DOCUMENT # N04000005259		
1. Entity Name MORNING STAR MINISTRIES OF CENTRAL FLORIDA, INC.		

Principal Place of Business 750 S. ORANGE BLOSSOM TRAIL SUITE 123 ORLANDO, FL 32805 US	Mailing Address 4011 MOORINGS LANE ORLANDO, FL 32810 US
---	---

2. Principal Place of Business 750 S. Orange Blossom Trail Suite, Apt. #, etc. Suite 103	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State Orlando, Florida	City & State
Zip 32805	Country USA
Zip	Country
City & State	Zip

4. FEI Number 20-1522831	Applied For
	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	---

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HONOR, GREGORY 4011 MOORINGS LANE ORLANDO, FL 32810		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

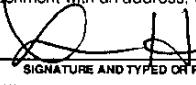
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	P HONOR, XIOMARA 4011 MOORINGS LANE ORLANDO, FL 32810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HONOR, GREGORY 4011 MOORINGS LANE ORLANDO, FL 32810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT HICKEY, MELODIE S 4011 MOORINGS LANE ORLANDO, FL 32810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA HICKEY, NYTERIA C 4011 MOORINGS LANE ORLANDO, FL 32810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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:  Xiomara Honor Date 4-28-05 407-782-2637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #