

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005259

FILED
Apr 29, 2007
Secretary of State

Entity Name: MORNING STAR MINISTRIES OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

4011 MOORINGS LN
109
ORLANDO, FL 32810 US

New Principal Place of Business:

5104 ORANGE BLOSSOM TRAIL
109
ORLANDO, FL 32810 US

Current Mailing Address:

4011 MOORINGS LN
109
ORLANDO, FL 32810 US

New Mailing Address:

FEI Number: 20-1522831 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HONOR, GREGORY
4011 MOORINGS LANE
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HONOR, XIOMARA
Address: 4011 MOORINGS LANE
City-St-Zip: ORLANDO, FL 32810 US

Title: VP () Delete
Name: HONOR, GREGORY
Address: 4011 MOORINGS LANE
City-St-Zip: ORLANDO, FL 32810 US

Title: SECT () Delete
Name: HICKEY, MELODIE S
Address: 4011 MOORINGS LANE
City-St-Zip: ORLANDO, FL 32810 US

Title: TREA () Delete
Name: HICKEY, NYTERIA C
Address: 4011 MOORINGS LANE
City-St-Zip: ORLANDO, FL 32810 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: XIOMARA HONOR

P

04/29/2007

Electronic Signature of Signing Officer or Director

Date