## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

SIGNATURE:

1	1996	DIVISION OF	CORPORA	SACIT.				
DOCUN 1. Corporation	MENT # N9400	0002482 (7)	)					
MORNI	ng star ministries, inc	),				! 	!!) <b>  11</b>       <b>11</b>       11	D1601 1911 1101 1801
Principal Place	of Business	Mailing Address						
4716 FAIRVIEW DRIVE 4716 FAIRVIEW DRIVE COCOA BEACH FL 32931 COCOA BEACH FL 32931			)1					
US		US				3. Date Incorporated or Qualified 05/13/1994	3a. Date of L	ast Report 5/1995
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number 613 59 - 33		Applied For
21		26				- APPLIED FOR		Not Applicable
Suite, Apt. #	¥, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1 7 1	.75 Additional ee Required
City & State		City & State				6. Election Campaign Financing	1 1	5.00 May Be
Zip	Country	<b>28</b> Zip	Cour	ntry		Trust Fund Contribution  8. This corporation has liability for interest.	A	dded to Fees
24	25	29	30	,			Yes <b>⊉</b> No	я 5. 199.032,
	9. Name and Address of Curre					10. Name and Address of New Reg	lstered Agent	
				<b>81</b> Na	me			
MARINO, VINCENT P.			ŀ	<b>82</b> Str	eet Addre	SS (P.O. Box Number is Not Acceptable)		
	irview drive		-	83		<b>70000183</b> ; -05/21/960108	<del>2407</del>	
COCOA	BEACH FL 32931			8			6036	
•				<b>84</b> Cit	у	***61.25	FL  85	Zip Code
11. Pursuant t	to the provisions of Sections 617,050	2 and 617.1508, Florida Statute	s, the above	ve name	d corpora	tion submits this statement for the purpo	se of changing	its registered office
or register familiar wit	ed agent, or both, in the State of Floo th, and accept the obligations of, Sec	rida. Such change was authorize ction 617.0503, Florida Statutes.	ed by the c ·	orporation	on's board	of directors. I hereby accept the appoin	tment as registe	ared agent. I am
SIGNATURE _								
12.	Signature, typed or printed name of registered age:  OFFICERS AN	nt and the if applicable (NO ND DIRECTORS	TE Registered	Agent skyria	iture required :	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRE	CTORS IN 12
TITLE	PO	DELETE	1170	LE	TV.	CE President	Char	
NAME	MARINO, VINCENT P.		1.2 NA	ME	B;	11 PlummER		
STREET ADDRESS	4716 FAIRVIEW DRIVE		1.3 ST	REET ADDR		DOI EVERGREEN DRIVE		
CITY-ST-ZIP	COCOA BEACH FL			TY-ST-21P		OCOA FIORIA 32927		
TITLE	SD	OU		2 1 TITLE			Chai	nge 🖸 Addition
NAME	MORGAN, TRACY A		2 2 NA		_   R	OSE Plummer Doille		
STREET ADDRESS	404 TYLER AVE #16			reft addr Ty-st-zif		DOI EVERGEREN DRIVE OLDA FLORIDA 3293	<u> </u>	
CITY-ST-ZIP TITLE	CAPE CANAVERAL FL DRY SD	<b>₩ ELETE</b>	3.1 TiT			D	Cha	nge 🔲 Addition
NAME	MARINO, TAMMY C.	<del></del>	3.2 NA	ME	170	mmy marinoc.		
STREET ADDRESS	4716 FAIRVIEW DR.		3.3 \$1	REET ADDR	ESS 17	TIL FRIRVIEW DE		
CITY-ST-21P	COCOA BEACH FL			TY-ST-ZIF	·   C	ocen Beach Florida	<u> 32931</u>	
TITLE		DELETE	4.1 10				Cha	nge 🔲 Addition
NAME			4 2 N		ree			
STREET ADDRESS				REET ADDR	1			
CITY-ST-ZIP TITLE		DELETE	5.1 Ti	TY - ST - ZIP TLE	-		☐ Cha	nge Addition
NAME			5.2 NA				_	
STREET ADDRESS			5 3 ST	REST ADDR	ESS			
CITY-ST-ZIP			5.4 CI	TY ST-ZIP				
TITLE		DELETE	6.1 Til				Cha	nge 🔲 Addition 🔪
NAME			6.2 N/					
STREET ADDRESS				REST ADDR				
CITY-ST-ZIP	w certify that the information supplied	I with this filing is voluntarily furn	ished and	ty - ST - ZIP does no	t qualify fo	r the exemption stated in Section 119.0	7(3)(k), Florida S	tatutes. I further
certify that	t the information indicated on this an	nual report or supplemental ann coration or the receiver or truste	ual report i: e empower	s true ar	id accurat	e and that my signature shall have the sa report as required by Chapter 617, Flori	ame legal effect	as if made under

5-1-96 407-868-7156 Date Dayline Phone #

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VINCENT P. Marino