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May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002482 (7)**

1. Corporation Name

MORNING STAR MINISTRIES, INC.



Principal Place of Business 4716 FAIRVIEW DRIVE COCOA BEACH FL 32931 US	Mailing Address 4716 FAIRVIEW DRIVE COCOA BEACH FL 32931 US
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2. Principal Place of Business 21 333 W. Cocoa Bch Causeway Suite, Apt. #, etc. 22 #4 Suite No. City & State 23 Cocoa Beach FLA Zip 24 32931 Country 25 BRAZIL	2a. Mailing Address Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified 05/13/1994	
4. FEI Number 59-3301710	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MARINO, VINCENT P. 4716 FAIRVIEW DRIVE COCOA BEACH FL 32931

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	SD
NAME	MARINO, VINCENT P.
STREET ADDRESS	4716 FAIRVIEW DRIVE
CITY-ST-ZIP	COCOA BEACH FL
TITLE	TD
NAME	PLUMMER, ROSE
STREET ADDRESS	7001 EVERGREEN DR.
CITY-ST-ZIP	COCOA FL
TITLE	PD
NAME	BOLLAS, RAYMOND
STREET ADDRESS	3740 OCEAN BCH BLVD
CITY-ST-ZIP	COCOA BCH FL
TITLE	VP
NAME	PLUMMER, WILLIAM
STREET ADDRESS	7001 EVERGREEN DR
CITY-ST-ZIP	COCOA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	SD
1.2 NAME	SCHRYER, JACK
1.3 STREET ADDRESS	1200 TWIN OAKS BLVD
1.4 CITY-ST-ZIP	MERRITT ISLAND FL 32952
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	PD
3.2 NAME	MARINO, Vincent P.
3.3 STREET ADDRESS	4716 FAIRVIEW DR
3.4 CITY-ST-ZIP	COCOA Bch FLA
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Vincent P. Marino PD** **VINCENT P. MARINO** **1-14-98** **407-868-7170**

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