

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000002482**

1. Corporation Name

**MORNING STAR MINISTRIES, INC.**

Principal Place of Business

333 W COCA BCHCO  
COCOA BEACH FL 32931  
US

Mailing Address

4716 FAIRVIEW DRIVE  
COCOA BEACH FL 32931  
US

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90007 015 \*\*\*\*70.00

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	333 W. Cocoa Beach Causeway	05/13/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27	Suite # 4	59-3301710	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28	Cocoa Beach, FL	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29	32931	30	
Country		Country		USA	

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	Vincent P. Marino
82	Street Address (P.O. Box Number is Not Acceptable)	333 W. Cocoa Beach Causeway
83		Suite # 4
84	City	Cocoa Beach, FL
85	Zip Code	32931

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 *X Vincent P. Marino*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	SD
NAME	SCHRYER, JACK	1.2 NAME	Tonita S. Schryer
STREET ADDRESS	1200 TWIN OAKS BLVD	1.3 STREET ADDRESS	1200 Two Oaks Blvd.
CITY-ST-ZIP	MERRITT ISLAND FL 32982	1.4 CITY-ST-ZIP	Merritt Island, FL 32952
TITLE	TD	2.1 TITLE	TD
NAME	PLUMMER, ROSE	2.2 NAME	Jack Schryer
STREET ADDRESS	7001 EVERGREEN DR.	2.3 STREET ADDRESS	1200 Two Oaks Blvd.
CITY-ST-ZIP	COCOA FL	2.4 CITY-ST-ZIP	Merritt Island, FL 32952
TITLE	PD	3.1 TITLE	PD
NAME	MARINO, VINCENT P	3.2 NAME	Vincent P. Marino
STREET ADDRESS	4716 FAIRVIEW DRIVE	3.3 STREET ADDRESS	333 W. Cocoa Beach Causeway
CITY-ST-ZIP	COCOA BCH FL	3.4 CITY-ST-ZIP	Suite # 4 Cocoa Beach, FL 32931
TITLE	VP	4.1 TITLE	VP
NAME	PLUMMER, WILLIAM	4.2 NAME	Jack L. Schryer
STREET ADDRESS	7001 EVERGREEN DR	4.3 STREET ADDRESS	1200 Two Oaks Blvd.
CITY-ST-ZIP	COCOA FL	4.4 CITY-ST-ZIP	Merritt Island, FL 32952
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Jack L. Schryer* SIGNATURE REQUIRED: *Jack L. Schryer, Treasurer* 1-11-99 407-452-3670  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)