

FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. McRham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000644 (2)**

1. Corporation Name

MORNING STAR FOUNDATION, INC.

Principal Place of Business

Mailing Address

**324 SOUTH HYDE PARK AVENUE
SUITE 230
TAMPA FL 33679**

**324 SOUTH HYDE PARK AVENUE
SUITE 230
TAMPA FL 33679**



3. Date Incorporated or Qualified

02/06/1996

4. FEI Number

59-3363772

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LENKER, MARK N JR.
324 SOUTH HYDE PARK AVENUE
SUITE 230
TAMPA FL 33679**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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 ☐ DELETE
NAME **D**
STREET ADDRESS **LENKER, MARK N JR.**
CITY-ST-ZIP **324 SOUTH HYDE PARK AVENUE, SUITE 230
TAMPA FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **VIVERO, JOSE**
CITY-ST-ZIP **% 12233 FLORIDA AVENUE NORTH
TAMPA FL 33612-4213**

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **ROBBINS, JOSEPH**
CITY-ST-ZIP **5103 HOMER AVENUE
TAMPA FL 33629**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **JAMES R DECKER**
CITY-ST-ZIP **324 S HYDE PARK AVE STE 230
TAMPA FL 33606**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK N LENKER JR

Date

813-251-5009

Daytime Phone # **0048230**

CR2E037 (10/97)