FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600001887 (6)
1. Corporation Name

MORNINGSTAR YOUTH MINISTRIES, INC.

FILED May 08 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing Address					
5981 AUDUBON DRIVE PENSACOLA FL 32504		5981 AUDUBON DRIVE PENSACOLA FL 32504-7329					
					3. Date incorporated or Qualified 04/01/1996	3a. Date of Last	Report
	lace of Business	2a. Mailing Address			4. FEI Number	} 	pplied For
21	1 26				59-3377121		lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	е	City & State			Election Campaign Financing Trust Fund Contribution		May Be
Zip 24	Country 25	Zip 29	Country 30	,	This corporation has liability for in Florida Statutes	tangible tax under Yes D No	s. 199.032,
	9. Name and Address of Current	11			10. Name and Address of New Reg		
			81	Name			
HUGHES, CAROL 5981 AUDUBON DRIVE			82	Street Ac	dress (P.O. Box Number is Not Acceptable)		
	OLA FL 32504		83				
			64	City		FL 85 Zip	Code
agent. I a	m familiar with, and accept the oblige Signature, typed or printed name of negistered ager				orporation submits this statement for the puration's board of directors. I hereby accept quired when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	D	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	HUGHES, CAROL		1.2 NAME				
STREET ADDRESS	5981 AUDUBON DRIVE			TADDRESS			
CITY-ST-ZIP TITLE	PENSACOLA FL 32504	DELETE	1.4 CITY - 2.1 TITLE	ST-ZIP		Change	Addition
NAME	D Butts, Wayne	L Detter	2.2 NAME			Cilality C.	E Nuoliion
STREET ADORESS	213 WEGNER			T ADDRESS			
CITY-ST-ZIP	CANTONMENT FL 32533		2. 4 CITY-				
TITLE	D	DELETE	3.1 TITLE			Change	Addition
NAME	CHENEY, VIRGINIA		3.2 NAME				
STREET ADDRESS	1004 PEARSON ROAD		1	T ADDRESS			
CITY-ST-ZIP	MILTON FL 32583	DELETE	3.4. CITY-	ST-ZIP		☐ Change	Addition
TITLE NAME		F""I DETEIR	4.1 TITLE 4. 2 NAME			LT CHAING	FT Addition
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY-	· · · · · · · · · · · · · · · · · · ·			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADORESS			
CITY-ST-ZIP		T 1 A.P. A	5.4 CITY-	ST-ZIP			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
TITLE	,	☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	by postify that the information symplics	d with this filles along not an	64 CITY-		ted in Coston 140 07/2Vi) Florida Ctatutos	I dombo - podlika dhe	

4. I do 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 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:

MATURE AND TYPED OR PRINTED MANE OF BIONING OFFICER OR DIRECTOR

4/23/97

(904) 476-0664