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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N98000003181

1. Corporation Name

MORNING STAR CHAPEL OF DELAND, INC.

Principal Place of Business

**1520 EAST VOORHIS AVENUE
DELAND FL 32724**

Mailing Address

**1520 EAST VOORHIS AVENUE
DELAND FL 32724**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/03/1998

4. FEI Number

53-3515017

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

9. Name and Address of Current Registered Agent

**TRIOLO, PETER C JR.
2468 OLEANDER ROAD
DELAND FL 32724**

10. Name and Address of New Registered Agent

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

TITLE **D** ☐ DELETE

NAME **DUCLOS, JOHN P**
STREET ADDRESS **1600 SALVADORE STREET**
CITY-STATE-ZIP **GLENWOOD FL 32722**

TITLE **D** ☐ DELETE

NAME **CRAFT, THOMAS**
STREET ADDRESS **3335 KENDRICK AVE.**
CITY-STATE-ZIP **GLENWOOD FL 32720**

TITLE **D** ☐ DELETE

NAME **HERN, EDDIE**
STREET ADDRESS **40746 CREST LANE**
CITY-STATE-ZIP **EUSTIS FL 32736**

TITLE **D** ☐ DELETE

NAME **TRIOLO, PETER C JR.**
STREET ADDRESS **2468 OLEANDER ROAD**
CITY-STATE-ZIP **DELAND FL 32724**

TITLE **D** ☐ DELETE

NAME **KOPLIN, WALTER**
STREET ADDRESS **1812 TALMADGE STREET**
CITY-STATE-ZIP **DELAND FL 32724**

TITLE **D** ☒ DELETE

NAME **MORMUR, WILLIAM**
STREET ADDRESS **162 N. VOLUSIA AVE.**
CITY-STATE-ZIP **LAKE HELEN FL 32744**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 reporter 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:

PETER C JR. TRIOLO 4/18/99 964-736-6868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)