


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90154 035 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N98000005926			
1. Corporation Name BRIGHT AND MORNING STAR OUTREACH MINISTRY, INC.			
Principal Place of Business 316 NE 23RD AVE. BOYNTON BCH FL 33435		Mailing Address 316 NE 23RD AVE. BOYNTON BCH FL 33435	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	10/16/1998	
23. City & State		28. City & State		4. FEI Number	
24. Zip		29. Zip		65-0861052	
25. Country		30. Country		Applied For	
				Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROBERTS, ARTHUR JR. 316 NE 23RD AVE. BOYNTON BCH FL 33435				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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE "D"	PRESIDENT AND CHIEF EXECUTIVE OFFICER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	ARTHUR ROBERTS, JR.		
STREET ADDRESS		1.3 STREET ADDRESS	316 N.E. 23 AVE		
CITY-ST-ZIP		1.4 CITY-ST-ZIP	BOYNTON BEACH, FL. 33435		
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE "D"	EXECUTIVE VICE PRESIDENT AND CHIEF OPERATING OFFICER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	SHARON WRIGHT-ROBERTS		
STREET ADDRESS		2.3 STREET ADDRESS	316 N.E. 23 AVE.		
CITY-ST-ZIP		2.4 CITY-ST-ZIP	BOYNTON BEACH, FL. 33435		
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE "T"	VICE PRESIDENT AND GENERAL COUNSEL	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	PRISCILLA WRIGHT-BOATMAN		
STREET ADDRESS		3.3 STREET ADDRESS	426 SOUTH N. STREET #17		
CITY-ST-ZIP		3.4 CITY-ST-ZIP	LAKE WORTH, FL. 33460		
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE "T"	VICE PRESIDENT MUSIC DEVELOPMENT AND SEC TARY	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	LAURIE NORFUS		
STREET ADDRESS		4.3 STREET ADDRESS	316 N.E. 23 AVE		
CITY-ST-ZIP		4.4 CITY-ST-ZIP	BOYNTON BEACH, FL. 33435		
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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: *Arthur Roberts, Jr.* PRESIDENT 2-28-99 (561) 369-3719
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0006399

CR2E037 (5/99)