

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000006559

1. Entity Name
**MORNING STAR MISSIONARY OUTREACH MINISTRIES,
INC.**



Principal Place of Business
**4021 RELIGH STREET
ORLANDO, FL 32811**

Mailing Address
**P.O. BOX 617571
ORLANDO, FL 32861**



01162008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-3057946

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LEONARD, CELESTINE
5162 EDWINA STREET
ORLANDO, FL 32811**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000795628
01/28/08-80054-022 61.25**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEONARD, CELESTINE
STREET ADDRESS	5162 EDWINA STREET
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	SD
NAME	WILLIAMS, TERRY J
STREET ADDRESS	2039 COBBLE-FIELD CIRCLE
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	TD
NAME	WATTS, LEROY
STREET ADDRESS	4771 PIEDMONT COURT
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Celestine Leonard
Celestine Leonard

1-16-08 407-296-0723