

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003860

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: MORNING GLORY INSPIRATIONS, INC.

**Current Principal Place of Business:**

2025 HIDDEN PINE LANE  
APOPKA, FL 32712

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 917404  
LONGWOOD, FL 32791

**New Mailing Address:**

FEI Number: 59-3582212      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KOHLMANN, JAMES D  
2025 HIDDEN PINE LANE  
APOPKA, FL 32712 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KOHLMANN, GLORIA W  
Address: 2025 HIDDEN PINE LANE  
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete  
Name: SEVISON RUSCH, TAMMY  
Address: 928 VINERIDGE RUN # 208  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D ( ) Delete  
Name: BAKER, BETSY  
Address: 12956 MALLORY CIRCLE  
City-St-Zip: ORLANDO, FL 32828

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: KOHLMANN, JAMES D  
Address: 2025 HIDDEN PINE  
City-St-Zip: APOPKA, FL 32712

Title: D (X) Change ( ) Addition  
Name: BAKER, BETSY  
Address: 12956 MALLORY CIRCLE #208  
City-St-Zip: ORLANDO, FL 32828

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLORIA W. KOHLMANN

D

03/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date