

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720134

FILED
Apr 17, 2009
Secretary of State

Entity Name: MORNING STAR CHARITIES, INC.

Current Principal Place of Business:

2180 W. STATE ROAD 434
SUITE 6190
LONGWOOD, FL 32779

New Principal Place of Business:

954 LEIGH AVE
ORLANDO, FL 32804

Current Mailing Address:

2180 W. STATE ROAD 434
SUITE 6190
LONGWOOD, FL 32779

New Mailing Address:

954 LEIGH AVE.
ORLANDO, FL 32804

FEI Number: 59-1347759

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ICARDI, JEFFREY A
549 WYMORE RD N STE 109
MAITLAND, FL 32751 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: PD () Delete
Name: FERRELL, JIM
Address: 1400 FAIRBANKS AVE SUITE 101
City-St-Zip: WINTER PARK, FL 32789

Title: VD (X) Delete
Name: DANIELS, NANCY
Address: 766 N.S.R. 434
City-St-Zip: ALTAMONTE SPRG, FL

Title: SD () Delete
Name: ICARDI, JEFFREY
Address: 2180 W. STATE ROAD 434 STE 6190
City-St-Zip: LONGWOOD, FL 32779

Title: TD () Delete
Name: INCINELLI, VICTOR
Address: 1031 W. MORSE BLVD
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FERRELL, JIM
Address: 1400 FAIRBANKS AVE SUITE 202
City-St-Zip: WINTER PARK, FL 32789

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

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

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

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: JAMES W. FERRELL

PD

04/17/2009

Electronic Signature of Signing Officer or Director

Date