2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N00000002200

Entity Name: MORNING STAR RANCH, INC.

Current Principal Place of Business:

7110 DICKEY AVENUE
DOVER, FL 33527

New Principal Place of Business:

Current Mailing Address:

7110 DICKEY AVENUE
DOVER, FL 33527

New Mailing Address:

FEI Number: 59-3633745 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAYNIE, DORIS L
7110 DICKEY AVENUE
DOVER, FL 33527 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:	HAYNIE, AUBREY E	
Address:	7110 DICKEY AVE	
City-St-Zip:	DOVER, FL 33527	
Title:	VSTD	( ) Delete
Name:	HAYNIE, DORIS L	
Address:	7110 DICKEY AVE	
City-St-Zip:	DOVER, FL 33527	
Title:	D	( ) Delete
Name:	DILLMAN, MARY K	
Address:	17835 PINE KNOLL DRIVE	
City-St-Zip:	DADE CITY, FL 33523	
Title:	D	( ) Delete
Name:	MCCLELLAND, JAMES R DIRECTO	
Address:	P. O. BOX 1322	
City-St-Zip:	SAN ANTONIO, FL 33576	
Title:	VSTD	( ) Delete
Name:	HAYNIE, DORIS L	
Address:	7110 DICKEY AVE.	
City-St-Zip:	DOVER, FL 33527	
Title:	D	( ) Delete
Name:	COLEMAN, LILLIAN M DIRECTO	
Address:	16154 BOYETTE ROAD	
City-St-Zip:	RIVERVIEW, FL 33569	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: DORIS L. HAYNIE VSTD 04/23/2009
Electronic Signature of Signing Officer or Director — Date