

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002200

FILED  
Apr 21, 2012  
Secretary of State

**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  
Name: HAYNIE, AUBREY E  
Address: 7110 DICKEY AVE  
City-St-Zip: DOVER, FL 33527

Title: VSTD  
Name: HAYNIE, DORIS L  
Address: 7110 DICKEY AVE  
City-St-Zip: DOVER, FL 33527

Title: D  
Name: DILLMAN, MARY K  
Address: 17835 PINE KNOLL DRIVE  
City-St-Zip: DADE CITY, FL 33523

Title: D  
Name: MCCLELLAND, JAMES R DIRECTO  
Address: P. O. BOX 1322  
City-St-Zip: SAN ANTONIO, FL 33576

Title: VSTD  
Name: HAYNIE, DORIS L  
Address: 7110 DICKEY AVE.  
City-St-Zip: DOVER, FL 33527

Title: D  
Name: COLEMAN, LILLIAN M DIRECTO  
Address: 16154 BOYETTE ROAD  
City-St-Zip: RIVERVIEW, FL 33569

I hereby 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 all other like empowered.

SIGNATURE: DORIS L. HAYNIE

VSTD

04/21/2012

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

\_\_\_\_\_  
Date