2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009941

FILED May 01, 2007 Secretary of State

Entity Name: MORNINGSTAR FAMILY CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 3900 MAIN STREET MIDDLEBURG, FL 32068 **Current Mailing Address: New Mailing Address:** 5006 COUNTY ROAD 214 NORTH KEYSTONE HEIGHTS, FL 32656 FFI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CROFT, ORSON J JR. 5006 COUNTRY ROAD 214 NORTH KEYSTONE HEIGHTS, FL 32656 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CROFT, ORSON J CEO Name: Name: 5006 COUNTY ROAD 214 NORTH Address: Address: City-St-Zip: KEYSTONE HEIGHTS, FL 32656 City-St-Zip: Title: () Delete Title: () Change () Addition CROFT, SYLVIA A DR. Name: Name: Address: 5006 COUNTY ROAD 214 NORTH Address: City-St-Zip: KEYSTONE HEIGHTS, FL 32656 City-St-Zip: Title: () Delete Title: () Change () Addition MANNING, T. DEERING DR. Name: Name: 2703 CEDAR CREST DRIVE Address: Address: City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: Title: () Delete Title: () Change () Addition Name: MANNING, BEVERLY M DR. Name: 2703 CEDAR CREST DRIVE Address: Address: City-St-Zip: ORANGE PARK, FL 32703 City-St-Zip: Title: () Delete Title: (X) Change () Addition COMPERE, J. ALIX DR. COMPERE, J. ALIX DR. Name: Name: 2069 MANUCY COURT 1627 MAJESTIC VIEW LANE Address: Address: City-St-Zip: MIDDLEBURG, FL 32068 City-St-Zip: ORANGE PARK, FL 32003

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: ORSON J CROFT JR D 05/01/2007