2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# N03000009941

Entity Name: MORNINGSTAR FAMILY CHURCH, INC.

Current Principal Place of Business:

3900 MAIN STREET
MIDDLEBURG, FL 32068

New Principal Place of Business:

Current Mailing Address:

5006 COUNTY ROAD 214 NORTH
KEYSTONE HEIGHTS, FL 32656

New Mailing Address:

FEI Number: 20-2171448 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CROFT, ORSON J JR.
5006 COUNTRY ROAD 214 NORTH
KEYSTONE HEIGHTS, FL 32656 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: CROFT, ORSON J CEO
Address: 5006 COUNTY ROAD 214 NORTH
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D ( ) Delete
Name: CROFT, SYLVIA A DR.
Address: 5006 COUNTY ROAD 214 NORTH
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D ( ) Delete
Name: MANNING, T. DEERING DR.
Address: 2703 CEDAR CREST DRIVE
City-St-Zip: ORANGE PARK, FL 32073

Title: D ( ) Delete
Name: MANNING, BEVERLY M DR.
Address: 2703 CEDAR CREST DRIVE
City-St-Zip: ORANGE PARK, FL 32703

Title: D ( ) Delete
Name: COMPERE, J. ALIX DR.
Address: 1627 MAJESTIC VIEW LANE
City-St-Zip: ORANGE PARK, FL 32003

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:

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 04/06/2009
Electronic Signature of Signing Officer or Director — Date