2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000321

Entity Name: MORNING LIGHT MINISTRIES, INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2324 S CONGRESS AVE STE 2H W PALM BCH, FL 33406

Current Mailing Address: New Mailing Address:

2324 S CONGRESS AVE STE 2H W PALM BCH, FL 33406

FEI Number: 20-8071607 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BEST, SHAWNA
2324 S CONGRESS AVE STE 2H
W PALM BCH, FL 33406 US

NORINE, GEORGE
2324 S CONGRESS AVE STE 2H
W PALM BCH, FL 33406 US

W PALM BCH, FL 33406 US

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: NORINE GEORGE 04/30/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: DP () Delete Title: DP (X) Change () Addition

Name: EVANS, NORINE Name: EVANS, NORINE
Address: 1745 BANYAN CREEK CT TE 2H Address: 7534 BRIAR CLIFF CIRCLE

City-St-Zip: BOYNTON BCH, FL 33436 City-St-Zip: LAKE WORTH, FL 33467

Title: DS () Delete Title: () Change () Addition

 Name:
 PEOPLES, SHUWANDA
 Name:

 Address:
 8104 FAIRINGTON VILLAGE DR
 Address:

 City-St-Zip:
 LITHONIA, GA 30038
 City-St-Zip:

Title: DV () Delete Title: DV (X) Change () Addition

 Name:
 BISHOP, TERRY
 Name:
 BISHOP, TERRY

 Address:
 4188 FOX TRACE E
 Address:
 7534 BRIAR CLIFF CIRCLE

Address: 4188 FOX TRACE E Address: 7534 BRIAR CLIFF CIRCLE
City-St-Zip: BOYNTON BCH, FL 33436 City-St-Zip: LAKE WORTH, FL 33467

 Name:
 BEST, MARK
 Name:
 WILLIAMS, GLENDA

 Address:
 2425 2ND AVE N APT 130
 Address:
 14 E. LOCUST AVENUE

 City-St-Zip:
 LAKE WORTH, FL 33461
 City-St-Zip:
 COLONIA, NJ 07067

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: NORINE EVANS DP 04/30/2008