

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000003493

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** MORNING STAR RESTORATION MINISTRIES, INC.

**Current Principal Place of Business:**

119 E CHAPMAN ROAD  
LUTZ, FL 33549

**New Principal Place of Business:**

1913 SINCLAIR HILLS RD  
LUTZ, FL 33549

**Current Mailing Address:**

119 E CHAPMAN ROAD  
LUTZ, FL 33549

**New Mailing Address:**

1913 SINCLAIR HILLS RD  
LUTZ, FL 33549

**FEI Number:** 38-3798983

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MATHEWS, DENISE  
10904 14TH STREET NORTH  
TAMPA, FL 33612 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: DAVIDSON, EDWARD  
Address: 1913 SINCLAIR HILLS RD  
City-St-Zip: LUTZ, FL 33549

Title: D  
Name: DOW, SUE A  
Address: 1913 SINCLAIR HILLS RD  
City-St-Zip: LUTZ, FL 33549

Title: D  
Name: HOWARD, BRUCE  
Address: 1913 SINCLAIR HILLS RD  
City-St-Zip: LUTZ, FL 33549

Title: STD  
Name: MATHEWS, DENISE  
Address: 10904 14TH STREET NORTH  
City-St-Zip: TAMPA, FL 33612

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: EDWARD A DAVIDSON

PD

04/30/2011

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

\_\_\_\_\_  
Date