2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000004024

1. Entity Name
THE NEW BRIGHT AND MORNING STAR HOLINESS



FILED Apr 18, 2007 8:00 am Secretary of State

04-18-2007 90166 016 ****70.00

| MISSION. | | | | | | | | | | | |
|---|--|-----------------------|---|---|-----------------|---|---------------------|---------------|------------------------|--|---|
| Principal Place of Business 1805 N. ALBANY AVE TAMPA, FL 33607 US | | 1805 | Mailing Address 1805 N. ALBANY AVE TAMPA, FL 33607 US | | | | | | | | |
| 2. Principal P | tace of Business - No P.O. Box # | 3. Mail | ing Address | | | | | | | | |
| Suite, Apt. #, etc. | | Sui | Suite, Apt. #, etc. | | | 4102007 | Chg-N | P | CR2E03 | 7 (12/06) | |
| City & State | | City | y & State | | 4. | E0 202000E | | | | | pplied For lot Applicable |
| Zip | Country | Zip | | Country | 5. | . Certificate | of Status I | Desired | | 88.75 Ad | Iditional |
| | 6. Name and Address of Currer | nt Registere | d Agent | | 7. | Name and | Address | of New Re | gistered A | gent | |
| CAMPRELL EDICE | | | | | | | | | | | |
| CAMPBELL, ERIC E 1805 N. ALBANY AVE TAMPA, FL 33607 | | | Street Add | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| ŕ | | | | City | | | | | FL | Zip Coo | de |
| 0 The above | | | | | | | | | | | |
| | named entity submits this statement ions of registered agent. | for the purpo | ose of changing its re | gistered office or ri | egistered a | agent, or bot | n, in the S | itate of Flor | rida. Lam f | amiliar with | , and accept |
| | | | | | | | | | | | |
| SIGNATURE. | Signature, typed or printed name of registered age | ent and title if appl | icable. (NOTE: Re | egistered Agent signature | required when | n reinstating) | | | DATE | | |
| | | | | | | | —- _I | | | | |
| _ | Filing Fee is \$61.25 Due by May 1, 2007 | | | | | | | | | | _ |
| · | • | | 9. Election Campa Trust Fund Con | | \$5 Add | 5.00 May B ded to Fees | е | | ake check da Depart | | |
| 10. | Due by May 1, 2007 OFFICERS AND C | DIRECTORS | Trust Fund Cor | | ⊢ Ad | 0.00 May B ded to Fees DITIONS/CH | | Flori | da Depart | ment of S | N 10 |
| MLE | OFFICERS AND C | DIRECTORS | • | 11. | ⊢ Ad | ded to Fees | | Flori | da Depart | ment of S | State |
| TITLE NAME | OFFICERS AND C PD CAMPBELL, ERIC E | DIRECTORS | Trust Fund Cor | 11. TITLE NAME | ⊢ Ad | ded to Fees | | Flori | da Depart | ment of \$ | N 10 |
| MLE | OFFICERS AND C | DIRECTORS | Trust Fund Cor | 11. | ⊢ Ad | ded to Fees | | Flori | da Depart | ment of \$ | N 10 |
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| TITLE NAME STREET ADDRESS | PD CAMPBELL, ERIC E 1805 N. ALBANY AVE TAMPA, FL 33607 | DIRECTORS | Trust Fund Cor | 11. TITLE NAME STREET ADDRESS | ⊢ Ad | ded to Fees | | Flori | da Depart | ment of \$ | N 10 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | PD CAMPBELL, ERIC E 1805 N. ALBANY AVE TAMPA, FL 33607 T GIVENS, ERMESTINE 1805 N. ALBANY AVE | DIRECTORS | Trust Fund Cor | 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | ⊢ Ad | ded to Fees | | Flori | da Depart | ment of \$ ECTORS II | State N 10 Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental peoprt is true and accurate and that my 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 of trusped empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all either like empowered.

SIGNATURE: