

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006559

FILED  
Jan 14, 2009  
Secretary of State

**Entity Name:** MORNING STAR MISSIONARY OUTREACH MINISTRIES, INC.

**Current Principal Place of Business:**

4021 RELIGH STREET  
ORLANDO, FL 32811

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 617571  
ORLANDO, FL 32861

**New Mailing Address:**

**FEI Number:** 59-3057946

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEONARD, CELESTINE  
5162 EDWINA STREET  
ORLANDO, FL 32811 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 ( ) Delete  
Name: LEONARD, CELESTINE  
Address: 5162 EDWINA STREET  
City-St-Zip: ORLANDO, FL 32811

Title: SD ( ) Delete  
Name: WILLIAMS, TERRY J  
Address: 2039 COBBLE-FIELD CIRCLE  
City-St-Zip: APOPKA, FL 32703

Title: TD ( ) Delete  
Name: WATTS, LEROY  
Address: 4771 PIEDMONT COURT  
City-St-Zip: ORLANDO, FL 32811

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: WILLIAMS, TERRY J  
Address: 2039 COBBLEFIELD CIRCLE  
City-St-Zip: APOPKA, FL 32703

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: TERRY J. WILLIAMS

SD

01/14/2009

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

\_\_\_\_\_  
Date