

DOCUMENT # N99000006574

1. Entity Name

MORNINGSTAR CHURCH, INC.

**FILED**  
**Jan 10, 2001 8:00 am**  
**Secretary of State**

01-10-2001 90072 050 \*\*\*\*61.25

Principal Place of Business

15809 HOUND HORN LANE  
TAMPA FL 33624

Mailing Address

15809 HOUND HORN LANE  
TAMPA FL 33624

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

31-1685833

**APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

BYRD, TONY  
15809 HOUND HORN LANE  
TAMPA FL 33624

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME BYRD, TONY  
STREET ADDRESS 15809 HOUND HORN LANE  
CITY-ST-ZIP TAMPA FL 33624 ☐ Delete

TITLE VD  
NAME BYRD, HEATHER  
STREET ADDRESS 15809 HOUND HORN LANE  
CITY-ST-ZIP TAMPA FL 33624 ☐ Delete

TITLE SD  
NAME COATS, MONA  
STREET ADDRESS 2142 REDLEAF DRIVE  
CITY-ST-ZIP BRANDON FL 33510 ☐ Delete

TITLE D  
NAME COATS, KEVIN  
STREET ADDRESS 2142 REDLEAF DRIVE  
CITY-ST-ZIP BRANDON FL 33510 ☐ Delete

TITLE D  
NAME BYRD, JAMES  
STREET ADDRESS 452 GREYSTONE LANE  
CITY-ST-ZIP DOUGLASVILLE GA 30134 ☐ Delete

TITLE D  
NAME VALO, PAUL  
STREET ADDRESS 1612 COLLEEN DRIVE  
CITY-ST-ZIP ORLANDO FL 32809 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report 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 or trustee 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 other like empowered.

SIGNATURE:

*SIGNATURE REQUIRED*  
Byrd

1-3-01

(813) 908 1223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)