

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006574

FILED
Feb 10, 2004
Secretary of State**Entity Name:** MORNINGSTAR CHURCH, INC.**Current Principal Place of Business:**3106 ASHMONTE DR.
LAND O LAKES, FL 34639**New Principal Place of Business:****Current Mailing Address:**PO BOX 341523
TAMPA, FL 33694**New Mailing Address:****FEI Number:** 31-1685833**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BYRD, TONY
3106 ASHMONTE DR.
TAMPA, FL 34639**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: BYRD, TONY
Address: 15809 HOUND HORN LANE
City-St-Zip: TAMPA, FL 33624

Title: VD () Delete
Name: BYRD, HEATHER
Address: 15809 HOUND HORN LANE
City-St-Zip: TAMPA, FL 33624

Title: SD () Delete
Name: COATS, MONA
Address: 2142 REDLEAF DRIVE
City-St-Zip: BRANDON, FL 33510

Title: D () Delete
Name: COATS, KEVIN
Address: 2142 REDLEAF DRIVE
City-St-Zip: BRANDON, FL 33510

Title: D () Delete
Name: BYRD, JAMES
Address: 452 GREYSTONE LANE
City-St-Zip: DOUGLASVILLE, GA 30134

Title: D () Delete
Name: VALO, PAUL
Address: 1612 COLLEEN DRIVE
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TONY BYRD

PD

02/10/2004

Electronic Signature of Signing Officer or Director

Date