

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716462

FILED
Jan 10, 2007
Secretary of State

Entity Name: MORNINGSTAR BAPTIST CHURCH OF FORT MYERS, INC.

Current Principal Place of Business:

5160 RICHMOND ST
FT. MYERS, FL 33905 US

New Principal Place of Business:

Current Mailing Address:

% BOWERS ACCOUNTING
P.O. BOX 159
LEHIGH ACRES, FL 33970 US

New Mailing Address:

FEI Number: 59-6499399 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BOWERS, ROBERT
1100 HOMESTEAD RD N
LEHIGH ACRES, FL 33936 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: TD () Delete
Name: BOWERS, ROBERT
Address: 314 VERMONT WAY
City-St-Zip: LEHIGH ACRES, FL 33936 US

Title: D () Delete
Name: VAUSE, CHARLES R
Address: 14601 W. HAL CT
City-St-Zip: FORT MYERS, FL 33905 US

Title: D () Delete
Name: WHITE, DANIEL
Address: 17541 N. RIVER RD
City-St-Zip: ALVA, FL 33920 US

Title: D () Delete
Name: FRAELICH, HELEN
Address: 3905 7TH ST. W
City-St-Zip: LEHIGH ACRES, FL 33971 US

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
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 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: ROBERT BOWERS

TD

01/10/2007

Electronic Signature of Signing Officer or Director

_____ Date