

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 26, 2007 8:00 am
Secretary of State

06-26-2007 90001 037 ****61.25



DOCUMENT # 716462
 1. Entity Name
MORNINGSTAR BAPTIST CHURCH OF FORT MYERS, INC.

Principal Place of Business 5160 RICHMOND ST FT. MYERS FL 33905 US	Mailing Address % BOWERS ACCOUNTING P.O. BOX 159 LEHIGH ACRES FL 33970 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 5160 Richmond Ave
State, Apt #, etc.	Suite Apt #, etc.

2nd MOORE CR2E037 (4/07)

City & State FT MYERS FL	City & State
Zip 33905	Country USA

4. FEI Number 59-6499399	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BOWERS, ROBERT
 1100 HOMESTEAD RD N
 LEHIGH ACRES FL 33936

7. Name and Address of New Registered Agent
 Name **James P. Riddle**
 Street Address (P.O. Box Number is Not Acceptable)
 5372 maynard St.
 City **FT myers** FL Zip Code **33905**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE James P. Riddle DATE 6-19-7
Signature: Name or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when in existence.)

FILE NOW: FEE IS \$61.25
Due By September 5, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOWERS, ROBERT 314 VERMONT WAY LEHIGH ACRES FL 33936	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAUSE, CHARLES R 14601 W. HAL CT FORT MYERS FL 33905	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, DANIEL 17541 N. RIVER RD ALVA FL 33920	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRAELICH, HELEN 3905 7TH ST. W LEHIGH ACRES FL 33971	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RON Cass 3742 madison AVE FT MYERS FL 33916	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert Blodgett 6150 Industry AVE FT MYERS FL 33905	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.C. Summerrail 13201 N. River Rd ALVA, FL 33920	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: James Riddle DATE 6/19/7 TELEPHONE 239-482-8101