


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 716462**

1. Entity Name  
**MORNINGSTAR BAPTIST CHURCH OF FORT MYERS, INC.**



Principal Place of Business      Mailing Address

**5160 RICHMOND AVE  
 FT. MYERS FL 33905  
 US**      **5160 RICHMOND AVE  
 FT. MYERS FL 33905  
 US**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E037 (10/07)

4. FEI Number      Applied For

**59-6499399**      Not Applicable

**6. Name and Address of Current Registered Agent**

**RIDDLE, JAMES P  
 5372 MAYNARD ST  
 FT MYERS FL 33905**

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

SIGNATURE James Riddle      *James Riddle*      2-10-8

Signature, typed or printed name of registered agent and fee, if applicable.      (NOTE: Non-Registered Agent signature required when registering)      DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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	TD	<input type="checkbox"/> Delete
NAME	CASS, RON	
STREET ADDRESS	3742 MADISON AVE	
CITY-ST-ZIP	FT MYERS FL 33916	
TITLE	D	<input type="checkbox"/> Delete
NAME	VAUSE, CHARLES R	
STREET ADDRESS	14601 W. HAL CT	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLODGETTE, ROBERT	
STREET ADDRESS	6150 INDUSTRY AVE	
CITY-ST-ZIP	FT MYERS FL 33905	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRAELICH, HELEN	
STREET ADDRESS	3905 7TH ST. W	
CITY-ST-ZIP	LEHIGH ACRES FL 33971	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOMMERALL, D C	
STREET ADDRESS	13201 N RIVER RD	
CITY-ST-ZIP	ALVA FL 33920	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000841864	
CITY-ST-ZIP	03/11/08-80005-008 61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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      *James Riddle*      2-10-8      239-482-8101