

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 707409

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



Principal Place of Business
**1819 HILL AVENUE
FORT MYERS, FL 33901**

Mailing Address
**1819 HILL AVENUE
FORT MYERS, FL 33901**



01102007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1459467	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RILEY, RICHARD E.
3673 LAKE ST
FT. MYERS, FL 33901**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U000000656391
03/14/07-80023-017 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RILEY, RICHARD E. 3673 LAKE ST. FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RILEY, RICHARD M. 1726 HILL AVE. FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINOR, STEVE 686 ASTARIAS CT FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUSE, KEVIN 1908 JEFFERSON AVE FT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239-936-4252