

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**



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**
 Zip: **33905** Country: **USA**

4. FEI Number: **59-6499399**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$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** State: **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	TD	<input checked="" type="checkbox"/> Delete
NAME	BOWERS, ROBERT	
STREET ADDRESS	314 VERMONT WAY	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
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 checked="" type="checkbox"/> Delete
NAME	WHITE, DANIEL	
STREET ADDRESS	17541 N. RIVER RD	
CITY-ST-ZIP	ALVA FL 33920	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRAELICH, HELEN	
STREET ADDRESS	3905 7TH ST. W	
CITY-ST-ZIP	LEHIGH ACRES FL 33971	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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