

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90057 026 ****61.25

DOCUMENT # 763447

1. Entity Name
MORNINGSIDE EVANGELICAL FRIENDS CHURCH, INC.



Principal Place of Business
**2180 SE MORNINGSIDE BLVD.
PORT ST. LUCIE, FL 34952-4986**

Mailing Address
**2180 SE MORNINGSIDE BLVD.
PORT ST. LUCIE, FL 34952-4986**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-2073064

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PHILLIPS, LEROY
1000 TILTON ROAD
PORT ST. LUCIE, FL 33452**

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

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, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME PHILLIPS, LEROY
STREET ADDRESS 5415 NW CLARK AVE
CITY-ST-ZIP PORT SAINT LUCIE, FL 34983

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME RIGGLE, RAY
STREET ADDRESS 256 W CARRIBEAN GOLF VILLAGE
CITY-ST-ZIP PORT SAINT LUCIE, FL 34952

TITLE ☒ Change ☐ Addition
NAME *Ray Riggle*
STREET ADDRESS *48 Calle De Lagos*
CITY-ST-ZIP *Ft. Pierce FL 34951*

TITLE D ☒ Delete
NAME DEBERARD, PHILLIP
STREET ADDRESS P.O. BOX 3326
CITY-ST-ZIP STUART, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME RUBY, PHILLIPS
STREET ADDRESS 5415 NW CLARK AVE
CITY-ST-ZIP PORT SAINT LUCIE, FL 34983

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WILLIAMS, RAYMOND
STREET ADDRESS 848 SE DEGAN DRIVE
CITY-ST-ZIP PORT ST. LUCIE, FL 34983

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/7/06 0772/335-5166