# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 29, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # 762766

1. Entity Name
CHRIST MISSIONARY BAPTIST CHURCH OF DELRAY BEACH, FLORIDA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 125 S.W. 8TH ST<br>DELRAY BEACH, FL 33444 | 125 S.W. 8TH ST<br>DELRAY BEACH, FL 33444 |

**DO NOT WRITE IN THIS SPACE**

03042004 No Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, MATTHEW JR.
324 NW 11TH AVENUE
DELRAY BEACH, FL 33444

**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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2004**

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

U00000098811
03/29/04-80057-006 70.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | BLUE, SILVER L. |
| STREET ADDRESS | 2310 DORSON WAY |
| CITY-ST-ZIP | DELRAY BEACH, FL 33445 |
| TITLE | DT |
| NAME | STEPHENS, BELINDA |
| STREET ADDRESS | 606 S W 9TH COURT |
| CITY-ST-ZIP | DELRAY BEACH, FL 33444 |
| TITLE | DS |
| NAME | PRIME, JOYCE |
| STREET ADDRESS | 1635 NE 4TH COURT |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33435 |
| TITLE | D |
| NAME | WILLIAMS, KENDLYN |
| STREET ADDRESS | 1411 NW 1ST COURT |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33435 |
| TITLE | DP |
| NAME | MATTHEW, MITCHELL |
| STREET ADDRESS | 324 NW 11TH AVENUE |
| CITY-ST-ZIP | DELRAY BEACH, FL 33414 |
| TITLE | D |
| NAME | BLUE, JAMES |
| STREET ADDRESS | 2310 DORSON WAY |
| CITY-ST-ZIP | DELRAY BEACH, FL 33445 |

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Matthew Mitchell Pastor 3-14-04 561-278-4484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #