

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 25, 1999 8:00 am**  
**Secretary of State**

04-25-1999 90015 011 \*\*\*\*61.25  
 04-25-1999 90015 012 \*\*\*\*\*8.75

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 712432**

1. Corporation Name

**ST. MATTHEWS MISSIONARY BAPTIST CHURCH, INC.**

Principal Place of Business

6100 NW 24TH AVENUE  
 P. O. BOX 370516  
 MIAMI FL 33137-0516

Mailing Address

6100 NW 24TH AVENUE  
 P. O. BOX 370516  
 MIAMI FL 33137-0516

\* 4 0 8 8 4 5 \*

408845-90015-6



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/17/1967	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0344351	
City & State		City & State		5. Certificate of Status Desired	
23		28		7	
Zip		Country		6. Election Campaign Financing	
24		25		Trust Fund Contribution	
		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MILLER, NATHANIEL G 1822 NW 66TH ST MIAMI FL 33147				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDR <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, PHILIP	1.2 NAME	
STREET ADDRESS	1030 N.W. 129 STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33168	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	D BULLARD BERNADETTE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARVIN, IMOGENE	2.2 NAME	2275 N.W.85 STREET
STREET ADDRESS	871 N.W. 203 STREET	2.3 STREET ADDRESS	MIAMI FLORIDA 33147
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS, FRED III	3.2 NAME	MOSS JAMES
STREET ADDRESS	1072 NW 107ST	3.3 STREET ADDRESS	1357 N.W.70 STREET MIAMI 33147
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAMES, ELDEN	4.2 NAME	CAMPBELL RUDOLPH
STREET ADDRESS	7151 N.W. 14TH PLACE	4.3 STREET ADDRESS	6841-N.W.29 AVENUE
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI FLORIDA 33147
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, WILLIAM	5.2 NAME	FRANCIS ADRIANNA
STREET ADDRESS	420 NW 42ND ST	5.3 STREET ADDRESS	3100 N.W.48 TERRACE MIAMI 33142
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, NATHANIEL G	6.2 NAME	
STREET ADDRESS	1822 NW 66TH ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Philip Clarke FRED CLARKE 4/12/99 305-6355177  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)