

ANNUAL REPORT

FILED
Feb 01, 2005 08:00 AM
Secretary of State

DOCUMENT # 712432

1. Entity Name
ST. MATTHEWS MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business
6100 NW 24TH AVENUE
MIAMI, FL 32247-0686

Mailing Address
P.O. BOX 470686
MIAMI, FL 33247-0686



01262005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0344351 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MILLER, NATHANIEL G
1822 NW 66TH ST
MIAMI, FL 33147

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, 2005

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PDR CLARKE, PHILIP 1030 N.W. 129 STREET MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD GARVIN, IMOGENE 871 N.W. 203 STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BULLARD, BERNADETTE 2275 NW 85 ST MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DAMES, ELDEN 7151 N.W. 14TH PLACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD JAMLS, WILLIAM 420 NW 42ND ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MILLER, NATHANIEL G 1822 NW 66TH ST MIAMI, FL

02/02/05-80018-015 61.25

02/02/05-80018-016 8.75

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 19.07(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: *Nathaniel G Miller*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-05

305-625-5590