

REFERENCE NUMBER: 712432

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 12, 2006 8:00 am
Secretary of State

03-24-2006 90209 001 ****61.25
03-24-2006 90209 002 *****8.75

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	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0344351				Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, NATHANIEL G 1822 NW 66TH ST MIAMI FL 33147				7. Name and Address of New Registered Agent 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 date if applicable (NOTE: Registered Agent signature required when re-registering) DATE					
FILE NOW: 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 NAME STREET ADDRESS CITY - ST - ZIP	PDR CLARKE, PHILIP 1030 N.W. 129 STREET MIAMI FL 33168 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GARVIN, IMOGENE 871 N.W. 203 STREET MIAMI FL ☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Financial Secretary Adrianna Francis 3100 NW 48 Terr Miami FL 33142 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BULLARD, BERNADETTE 2275 NW 85 ST MIAMI FL 33147 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAMES, ELDEN 7151 N.W. 14TH PLACE MIAMI FL ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD JAMES, WILLIAM 420 NW 42ND ST MIAMI FL ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLER, NATHANIEL G 1822 NW 66TH ST MIAMI FL ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:			4-9-06 305-625-5590		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: Daytime Phone #		