

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2008 8:00 am
Secretary of State

DOCUMENT # 712432

1. Entity Name

ST. MATTHEWS MISSIONARY BAPTIST CHURCH, INC.



04-11-2008 90173 001 ****61.25

04-11-2008 90173 002 *****8.75

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 - No P.O. Box #

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

1st MOORE

CR2E037 (10/07)

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 title (if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

TITLE	VP	<input type="checkbox"/> Delete
NAME	CLARKE, PHILIP	
STREET ADDRESS	1030 N.W. 129 STREET	
CITY-STATE-ZIP	MIAMI FL 33168	
TITLE	FS	<input type="checkbox"/> Delete
NAME	FRANCIS, ADRIANNA	
STREET ADDRESS	3100 NW 48TH TERR	
CITY-STATE-ZIP	MIAMI FL 33142	
TITLE	D	<input type="checkbox"/> Delete
NAME	BULLARD, BERNADETTE	
STREET ADDRESS	2275 NW 85 ST	
CITY-STATE-ZIP	MIAMI FL 33147	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAMES, ELDEN	
STREET ADDRESS	7151 N.W. 14TH PLACE	
CITY-STATE-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JAMES, WILLIAM	
STREET ADDRESS	420 NW 42ND ST	
CITY-STATE-ZIP	MIAMI FL	
TITLE	PDR	<input type="checkbox"/> Delete
NAME	MILLER, NATHANIEL G	
STREET ADDRESS	3883 NW 207 ST RD	
CITY-STATE-ZIP	MIAMI FL 33055	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE FOR	CLARKE, PHILIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1030 N.W. 129 STREET	
CITY-STATE-ZIP	MIAMI FL 33168	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, NATHANIEL G	
STREET ADDRESS	3883 N.W. 207 ST RD.	
CITY-STATE-ZIP	MIAMI FL 33055	

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:

Nathan Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-08 305-625-5590