

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90068 030 ****61.25

DOCUMENT # 718928

1. Entity Name

**TRUSTEES ST. MATTHEW MISSIONARY BAPTIST
CHURCH OF TAMPA, FLORIDA, INC.**



Principal Place of Business

**2628 27TH AVENUE
TAMPA FL 33605**

Mailing Address

**P. O. BOX 5341
TAMPA FL 33675-5341
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2249591

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARRIS, CLIFFORD JR
3206 E. GIDDENS
TAMPA FL 33610**

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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 PD
NAME HARRIS, TOMMY
STREET ADDRESS 1932 ERIN BROOKE DR
CITY-ST-ZIP VALRICO FL 33594 ☐ Delete

TITLE VPD
NAME HILL, ALVIN
STREET ADDRESS 9825 WYDELLA ST
CITY-ST-ZIP RIVERVIEW FL 33569 ☐ Delete

TITLE SD
NAME GATLING, JOHN
STREET ADDRESS 3205 N 46 ST
CITY-ST-ZIP TAMPA FL 33605 ☐ Delete

TITLE TD
NAME TAYLOR, GREGORY
STREET ADDRESS 4806 SHOSHONE CT APT 72
CITY-ST-ZIP TAMPA FL 33610 ☐ Delete

TITLE TD
NAME BROWN, PETER
STREET ADDRESS 1310 ARCH ST.
CITY-ST-ZIP TAMPA FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/05