

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # 718928

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



Principal Place of Business

**3708 E LAKE AVE
TAMPA, FL 33605**

Mailing Address

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



01202008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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

**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, print, or printed name of registered agent, etc. file if applicable.

(NOTE: Registered Agent signature required when retreating.)

DATE

**Filing Fee is \$81.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

TITLE SD
NAME LASSETER, JAMES
STREET ADDRESS 1501 BLUETEAL DR
CITY-ST-ZIP BRANDON, FL 33511

TITLE SD
NAME NELSON, WILLIE
STREET ADDRESS 1718 DEALVILLE DR
CITY-ST-ZIP TAMPA, FL 33610

TITLE VPD
NAME TAYLOR, WILLIE
STREET ADDRESS 1911 E ASBORNE AVE
CITY-ST-ZIP TAMPA, FL 33610

TITLE TD
NAME SHIPP, JOHN
STREET ADDRESS 3903 E HANNA AVE
CITY-ST-ZIP TAMPA, FL 33610

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000809163
02/08/08-80010-018-61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 149, Florida Statutes. I further certify that the information indicated on this report or supplementary 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

Digitized by Florida