2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# 718928

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

Current Principal Place of Business:

3708 E LAKE AVE
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 5341
TAMPA, FL 336755341 US

New Mailing Address:

FEI Number: 59-2249591 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HARRIS, TOMMY
Address: 1932 ERIN BROOKE DR
City-St-Zip: VALRICO, FL 33594

Title: SD ( ) Delete
Name: LASSETER, JAMES
Address: 1501 BLUETEAL DR
City-St-Zip: BRANDON, FL 33511

Title: SD ( ) Delete
Name: NELSON, WILLIE
Address: 1718 DEAUVILLE DR
City-St-Zip: TAMPA, FL 33610

Title: VPD ( ) Delete
Name: TAYLOR, WILLIE
Address: 1911 E ASBORNE AVE
City-St-Zip: TAMPA, FL 33610

Title: TD ( ) Delete
Name: SHIPP, JOHN
Address: 3903 E HANNA AVE
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOMMY HARRIS PD 04/29/2009

Electronic Signature of Signing Officer or Director — Date