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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762766 (4)

1. Corporation Name
**CHRIST MISSIONARY BAPTIST CHURCH OF DELRAY BEACH
FLORIDA, INC.**

Principal Place of Business 324 N.W. 11TH AVENUE P.O. BOX 2964 DELRAY BEACH FL 33444	Mailing Address 324 N.W. 11TH AVENUE P.O. BOX 2964 DELRAY BEACH FL 33444
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/06/1982	3a. Date of Last Report 04/05/1994
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent

**MITCHELL, MATTHEW JR.
324 NW 11TH AVENUE
DELRAY BEACH FL 33444**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	DT
NAME	BLUE, SILVER L.
STREET ADDRESS	14 SE DORSON WAY
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	D
NAME	CALDWELL, MARY
STREET ADDRESS	117 S.W. 14TH AVENUE
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	D
NAME	PRIME, JOYCE
STREET ADDRESS	283 NE 12TH ST #B
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	D
NAME	JOHNSON, FRED
STREET ADDRESS	316 N.W. 11TH AVENUE
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	DP
NAME	MATTHEW, MITCHELL
STREET ADDRESS	324 NW 11TH AVENUE
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D/S JOYCE PRIME
3.3 STREET ADDRESS	1635 NE 4th COURT
3.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33435
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Matthew Mitchell* **Matthew Mitchell**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-95 (407) 243-7812