

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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**

3. Date incorporated or Qualified: **04/06/1982**
3a. Date of Last Report: **03/01/1995**
4. FEI Number: **NOT APPLICABLE**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
Zip: **29** Country: **30**

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 **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> DELETE
NAME	BLUE, SILVER L.	
STREET ADDRESS	14 SE DORSON WAY	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CALDWELL, MARY	
STREET ADDRESS	117 S.W. 14TH AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	PRIME, JOYCE	
STREET ADDRESS	1635 NE 4TH COURT	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, FRED	
STREET ADDRESS	316 N.W. 11TH AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MATTHEW, MITCHELL	
STREET ADDRESS	324 NW 11TH AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE		<input type="checkbox"/> DELETE
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	7000001750547
4.4 CITY-ST-ZIP	03/20/96 - 01018 - 004 ***70.00
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rev. Matthew Mitchell, Jr.* **Rev. Matthew Mitchell, Jr.** 3/8/96 (407) 243-7812
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)