

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 31, 2001 8:00 am**  
**Secretary of State**

08-31-2001 90001 048 \*\*\*\*61.25

0010396

**DOCUMENT # 762766**

1. Entity Name

**CHRIST MISSIONARY BAPTIST CHURCH OF DELRAY BEACH**

Principal Place of Business

**125 S.W. 8TH ST  
 DELRAY BEACH FL 33444**

Mailing Address

**125 S.W. 8TH ST  
 DELRAY BEACH FL 33444**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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.

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  
 After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DT**  Delete  
 NAME **BLUE, SILVER L.**  
 STREET ADDRESS **14 SE DORSON WAY**  
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **D**  Change  Addition  
 NAME **BLUE, SILVER**  
 STREET ADDRESS **2310 DORSON WAY**  
 CITY-ST-ZIP **DELRAY BEACH, FL 33445**

TITLE **D**  Delete  
 NAME **CALDWELL, MARY**  
 STREET ADDRESS **117 S.W. 14TH AVENUE**  
 CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE **DT**  Change  Addition  
 NAME **BELINDA STEPHENS**  
 STREET ADDRESS **606 S.W. 9th Court**  
 CITY-ST-ZIP **DELRAY BEACH, FL 33444**

TITLE **DS**  Delete  
 NAME **PRIME, JOYCE**  
 STREET ADDRESS **1635 NE 4TH COURT**  
 CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE **D**  Change  Addition  
 NAME **KENDLYN WILLIAMS**  
 STREET ADDRESS **1411 NW 1st Court**  
 CITY-ST-ZIP **BOYNTON BEACH, FL 33435**

TITLE **D**  Delete  
 NAME **JOHNSON, FRED**  
 STREET ADDRESS **316 N.W. 11TH AVENUE**  
 CITY-ST-ZIP **DELRAY BEACH FL 33414**

TITLE **D**  Change  Addition  
 NAME **JAMES BLUE**  
 STREET ADDRESS **2310 DORSON WAY**  
 CITY-ST-ZIP **DELRAY BEACH, FL 33445**

TITLE **DP**  Delete  
 NAME **MATTHEW, MITCHELL**  
 STREET ADDRESS **324 NW 11TH AVENUE**  
 CITY-ST-ZIP **DELRAY BEACH FL 33414**

TITLE **D**  Change  Addition  
 NAME **JAMES GIBBS**  
 STREET ADDRESS **114 SW 8th Street**  
 CITY-ST-ZIP **DELRAY BEACH, FL 33444**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: *Matthew Mitchell* Matthew Mitchell 8-20-2001 (561) 278-4484

CR2E037 (5/01)