


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # 762766

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



Principal Place of Business 125 S.W. 8TH ST DELRAY BEACH, FL 33444	Mailing Address 125 S.W. 8TH ST DELRAY BEACH, FL 33444
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DO NOT WRITE IN THIS SPACE



01262005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLUE, SILVER L. 2310 DORSON WAY DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STEPHENS, BELINDA 606 S W 9TH COURT DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PRIME, JOYCE 1635 NE 4TH COURT BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, KENDLYN 1411 NW 1ST COURT BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MATTHEW, MITCHELL 324 NW 11TH AVENUE DELRAY BEACH, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLUE, JAMES 2310 DORSON WAY DELRAY BEACH, FL 33445

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000000216160
02/05/05-80037-011 70.00

12. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplement 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* **1-30-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #