

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2006 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**



01122006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

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**

400000406212  
02/07/06-80080-004 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-06  
Date

Daytime Phone #