



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 27, 2007 08:00 AM
Secretary of State

DOCUMENT # 762766 1. Entry Name CHRIST MISSIONARY BAPTIST CHURCH OF DELRAY BEACH, FLORIDA, INC.	
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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



07032007 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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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07/27/07-80002-001 61.25

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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:  **7-21-07 561-243-1898**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #