2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT #762766

1. Entity Name

CHRÍST MISSIONARY BAPTIST CHURCH OF DELRAY BEACH, FLORIDA, INC.



FILED Feb 11, 2008 08:00 A Secretary of State

Principal Place of Business

125 S.W. 8TH ST DELRAY BEACH, FL 33444 Mailing Address

125 S.W. 8TH ST

DELRAY BEACH, FL 33444



01152008 No Chg-NP

CR2E037 (4/06)

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

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

BLUE, JAMES

2310 DORSON WAY

DELRAY BEACH, FL 33445

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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 Signature, typed or printed name of regulatered agent and title if applicable (NOTE: Registered Agent signature required when remstating) DATE						
	Signification types of printers indicate overgreen and agent and affect	applicable (NOTE, Neglistored Age	Signatore	rodules with total starting,	VIII.	
	Filing Fee is \$61.25 Due by May 1, 2008	 Election Campaign Financing Trust Fund Contribution. 	¹ 🗆	\$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				U00000824921 02/20/08-80099-005 70.00	
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		DO NOT WRITE			
TITLE Name Street address City-St-Zip	D. WILLIAMS, KENDLYN 1411 NW 1ST COURT BOYNTON BEACH, FL 33435		IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MATTHEW, MITCHELL 324 NW 11TH AVENUE DELRAY BEACH, FL 33414					

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 SIGNATURE AND TYPED OR PRIVED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-08

Daytime Phone #