

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90136 014 ****61.25

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

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**

7. Name and Address of New Registered Agent

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. 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 _____

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-03 561-278-4484

CR2E037 (10/02)