

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763199 (7)
1. Corporation Name
SAINT MATTHEWS MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business Mailing Address
P.O. BOX 947 8550 64TH AVENUE WABASSO FL 32970

3. Date Incorporated or Qualified **05/11/1982** 3a. Date of Last Report **02/13/1995**
4. FEI Number **59-2357994** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country
24 25 29 30

9. Name and Address of Current Registered Agent
**GARRETT, PAT
8526 61ST DRIVE
WABASSO FL 32970**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96 | |
|----------------------------|------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------|
| TITLE | CD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WOULARD, HENRY P. | 1.2 NAME | |
| STREET ADDRESS | 6125 85TH ST. (P.O. BOX 577) | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | WABASSO FL 32970 | 1.4 CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MINNIS, WILLIAM JR. | 2.2 NAME | |
| STREET ADDRESS | 8486 63RD AVE. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | WABASSO FL 32970 | 2.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AARON, SHIRLEY | 3.2 NAME | |
| STREET ADDRESS | 1586 HIGHLAND AVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | VERO BEACH FL | 3.4 CITY-ST-ZIP | |
| TITLE | ST <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WALKER, DOROTHY J. | 4.2 NAME | |
| STREET ADDRESS | 4660 32ND AVE. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | VERO BEACH FL 32967 | 4.4 CITY-ST-ZIP | |
| TITLE | FS <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEAVER, GEORGIA M. | 5.2 NAME | |
| STREET ADDRESS | 1487 LACONIA ST. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | SEBASTIAN FL | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Georgia M. Weaver 4/22/96 (407) 768-4109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)