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**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90184 037 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 763199**

1. Corporation Name

**SAINT MATTHEWS MISSIONARY BAPTIST CHURCH, INC.**

Principal Place of Business

P.O. BOX 947  
8550 64TH AVENUE  
WABASSO FL 32970

Mailing Address

P.O. BOX 947  
8550 64TH AVENUE  
WABASSO FL 32970



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/11/1982

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE  
NAME WOULARD, HENRY P.  
STREET ADDRESS 6125 85TH ST. (P.O. BOX 577)  
CITY-ST-ZIP WABASSO FL 32970

TITLE TD ☐ DELETE  
NAME MINNIS, WILLIAM JR.  
STREET ADDRESS 8466 63RD AVE.  
CITY-ST-ZIP WABASSO FL 32970

TITLE SD ☒ DELETE  
NAME AARON, SHIRLEY  
STREET ADDRESS 1586 HIGHLAND AVE  
CITY-ST-ZIP VERO BEACH FL

TITLE ST ☐ DELETE  
NAME WALKER, DOROTHY J.  
STREET ADDRESS 4660 32ND AVE.  
CITY-ST-ZIP VERO BEACH FL 32967

TITLE FS ☐ DELETE  
NAME WEAVER, GEORGIA M.,  
STREET ADDRESS 1487 LACONIA ST.  
CITY-ST-ZIP SEBASTIAN FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME Church Clerk  
3.3 STREET ADDRESS Sarah Yvonne Detelus  
3.4 CITY-ST-ZIP 3920-41st St.  
Vero Beach, FL. 32967

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/99

(407)768-4109

CR2E037 (11/98)