2000 UNIFORM BUSINESS REPORT (UBR)

Feb 16, 2000 8:00 am DOCUMENT # 763199 1. Entity Name Secretary of State SAINT MATTHEWS MISSIONARY BAPTIST CHURCH, INC. 02-16-2000 90022 040 ****61.25 Principal Place of Business Mailing Address P.O. BOX 947 P.O. BOX 947 8550 64TH AVENUE 8550 64TH AVENUE WABASSO FL 32970 WABASSO FL 32970 2. Principal Place of Business . 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2357994 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GARRETT, PAT 8526 61ST DRIVE -التي المنظوم المناسر ويعامله المنسوميني ويدار التي الرابية WABASSO FL 32970 City 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. 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. ☐ Change ☐ Addition CD 2 SQC Proc. Delete TITI F TITLE NAME WOULARD, HENRY P. NAME STREET ADDRESS STREET ADDRESS 6125 85TH ST. (P.O. BOX 577) CITY-ST-ZIP CITY-ST-7IP WABASSO FL 32970 1 TD - -. C C : ☐ Addition ☐ Change Delete TITLE TITLE MINNIS, WILLIAM JR. NAME NAME STREET ADDRESS STREET ADDRESS 8466 63RD AVE. CITY-ST-ZIP CITY-ST-ZIP WABASSO FL 32970 Addition T - A6 Delete ☐ Change TITL F AARON, SHIRLEY DETELUS; SARAH Y NAME 1586 HIGHLAND AVE. STREET ADDRESS STREET ADDRESS 3920 41ST ST CITY-ST-ZIP VERO BEACH, FL. 32960 CITY-ST-ZIP VERO BEACH FL 32967 Change Addition TITLE ☐ Delete TITLE WALKER, DOROTHY J. NAME STREET ADDRESS STREET ADDRESS 4660 32ND AVE. CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32967 Change ☐ Addition TITLE Delete WEAVER, GEORGIA M., NAME NAME STREET ADDRESS STREET ADDRESS 1487 LACONIA ST. CITY-ST-ZIP CITY-ST-ZIP SEBASTIAN FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.